

L06000003071

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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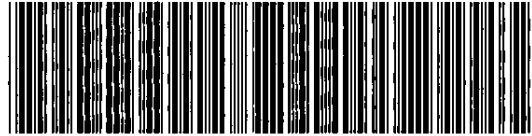
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2010 SEP 30 PM 1:20

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PPAC L.L.C.
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

CAMARA A. WILLIAMS ESQ.
Name of Person

CALDERON & MANDELL, P.A.
Firm/Company

121 SOUTH ORANGE AVE., SUITE 1500
Address

Orlando Florida 32801
City/State and Zip Code

CAMARA.WILLIAMS@gmail.com ; CWILLIAMS@fightforyou.com ; PaulHWilliams1234@hotmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CAMARA WILLIAMS at (407) 412-8511
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

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2010 SEP 30 PM 4:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: PPAC LLC
2. (a) Principal office address of limited liability company: 7613 SOUTH ORANGE BLOSSOM TRAIL
☐ (Note: **MUST BE STREET ADDRESS**) ORLANDO FLORIDA 32809
- (b) Mailing address of limited liability company: 7613 SOUTH ORANGE BLOSSOM TRAIL
☐ (Note: **MAY BE POST OFFICE BOX**) ORLANDO FLORIDA 32809
3. Date of filing/registration in Florida JANUARY 9 2006
4. Document number LD6000003071
5. (a) Registered Agent and Registered Office shown on the records of the Florida Department of State:
- Registered Agent: MARLON ANDREW HILL ESQ.
- Registered Office Address: 200 SOUTH BISCAYNE STB 2750
MIAMI, FLORIDA 33131 - 5330
- (b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:
- NEW** Registered Agent: CAMARA A. WILLIAMS ESQ.
- NEW** Registered Office Address: 121 SOUTH ORANGE AVE. SUITE 1600
(MUST BE FLORIDA STREET ADDRESS) ORLANDO FLORIDA 32801
FL

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Paullette Williams

Signature of a member or authorized representative of a member

PAULLETTE WILLIAMS

Printed or typed name of signer

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Camara A. Williams

Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
FILING FEE: \$25.00