

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000069378

Entity Name: P. I. P. P. S., LLC

FILED
Apr 24, 2008
Secretary of State

Current Principal Place of Business:

502 SQUIREL TREE TRAIL
SATSUMA, FL 32177

New Principal Place of Business:

502 SQUIREL TREE TRAIL
SATSUMA, FL 32177 US

Current Mailing Address:

P.O. BOX 907
SAN MATEO, FL 32187

New Mailing Address:

P.O. BOX 907
SAN MATEO, FL 32187 US

FEI Number: 57-1240031

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FIELDS, ROBERT M
413 ST. JOHNS AVENUE
PALATKA, FL 32177 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MONTGOMERY, JAMES L
Address: P.O. BOX 907
City-St-Zip: SAN MATEO, FL 32187

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: MONTGOMERY, JAMES L
Address: P.O. BOX 907
City-St-Zip: SAN MATEO, FL 32187 US

Title: MGRM () Change (X) Addition
Name: MONTGOMERY, LINDA
Address: P.O. BOX 907
City-St-Zip: SAN MATEO, FL 32187 US

Title: MGRM () Change (X) Addition
Name: MONTGOMERY, JAMES M
Address: P.O. BOX 907
City-St-Zip: SAN MATEO, FL 32187 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: JAMES L. MONTGOMERY

MGRM

04/24/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date