

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000085388

FILED
Jan 06, 2009
Secretary of State

Entity Name: P.P.C. OF TAMPA, LLC

Current Principal Place of Business:

8312 FLOWERFIELD DR
TAMPA, FL 33615 US

New Principal Place of Business:

Current Mailing Address:

8312 FLOWERFIELD DR
TAMPA, FL 33615 US

New Mailing Address:

FEI Number: 20-8586160

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PAZ, WILLIAM F
8312 FLOWERFIELD DR
TAMPA, FL 33615 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: CASTILLO, ORLANDO J
Address: 2810 ST. ISABEL STREET
City-St-Zip: TAMPA, FL 33607 US

Title: MGRM () Delete
Name: CASTILLO, CECELIA C
Address: 2810 ST. ISABEL STREET
City-St-Zip: TAMPA, FL 33607 US

Title: MGRM () Delete
Name: PAZ, WILLIAM
Address: 2810 ST. ISABEL STREET
City-St-Zip: TAMPA, FL 33607 US

Title: MGRM () Delete
Name: PAZ, STELLA
Address: 2810 ST. ISABEL STREET
City-St-Zip: TAMPA, FL 33607 US

Title: MGRM () Delete
Name: PICKERING, MICHAEL J
Address: 2810 ST. ISABEL STREET
City-St-Zip: TAMPA, FL 33607 US

Title: MGRM () Delete
Name: PICKERING, MICKY S
Address: 2810 ST. ISABEL STREET
City-St-Zip: TAMPA, FL 33607 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: WILLIAM F. PAZ

MGRM

01/06/2009

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