
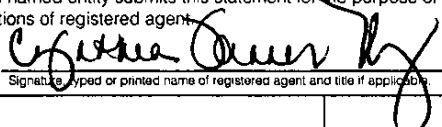


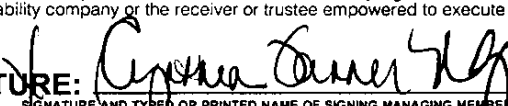
# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 20, 2008 8:00 am**  
**Secretary of State**

04-18-2008 90154 049 \*\*\*138.75

DOCUMENT # L07000076163					
1. Entity Name PPSC USA, LLC					
Principal Place of Business 3375-I CAPITAL CIRCLE, NE TALLAHASSEE, FL 32308			Mailing Address 3375-I CAPITAL CIRCLE, NE TALLAHASSEE, FL 32308		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		05152008 Chg-LLC CR2E083 (12/06)	
Zip		Country		4. FEI Number <b>26-0575710</b>	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00</b> Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MINCY, CYNTHIA T 3375-I CAPITAL CIRCLE, NE TALLAHASSEE, FL 32308			Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE 		(NOTE: Registered Agent signature required when reinstating)		DATE	
<b>FILE NOW!!! FEE IS \$538.75 Due by September 12, 2008</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FUCARINO, DAN 10205 LAKE CARROLL WAY TAMPA, FL 33618	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BURNSIDE, ROBERT JR. 6 TWICKENHAM CT. COLUMBIA, SC 29209	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CHACKNES, ART P. O. BOX 25126 GREENVILLE, SC 29616	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DAVIES, JOHN 2909 NORTH ORANGE AVENUE ORLANDO, FL 32804	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PARKER, RON 5020 COMMERCE PARK CIRCLE PENSACOLA, FL 32505	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR STAMITOLES, MIKE 2830 INVERNESS COURT PENSACOLA, FL 32504	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:** 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

4/18/2008-90154-049-\$138.75-\$138.75

DOCUMENT # L07000076163

1. Entity Name  
PPSC USA, LLC



ATTACHMENT

30004790

Principal Place of Business  
3375-I CAPITAL CIRCLE, NE  
TALLAHASSEE, FL 32308

Mailing Address  
3375-I CAPITAL CIRCLE, NE  
TALLAHASSEE, FL 32308

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04172008 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MINCY, CYNTHIA T  
3375-I CAPITAL CIRCLE, NE  
TALLAHASSEE, FL 32308

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Cynthia T Mincy*

CYNTHIA T MINCY

4-17-08

Signature, typed or printed name of registered agent and if applicable

(NOTE: Registered Agent signature required when filing)

DATE

FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete  
NAME FUCARINO, DAN  
STREET ADDRESS 10205 LAKE CARROLL WAY  
CITY-STATE-ZIP TAMPA, FL 33618

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE MGR ☐ Delete  
NAME BURNSIDE, ROBERT JR.  
STREET ADDRESS 6 TWICKENHAM CT.  
CITY-STATE-ZIP COLUMBIA, SC 29209

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE MGR ☐ Delete  
NAME CHACKNES, ART  
STREET ADDRESS P. O. BOX 25128  
CITY-STATE-ZIP GREENVILLE, SC 29616

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE MGR ☐ Delete  
NAME DAVIES, JOHN  
STREET ADDRESS 2909 NORTH ORANGE AVENUE  
CITY-STATE-ZIP ORLANDO, FL 32804

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE MGR ☐ Delete  
NAME PARKER, RON  
STREET ADDRESS 5020 COMMERCE PARK CIRCLE  
CITY-STATE-ZIP PENSACOLA, FL 32505

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE MGR ☐ Delete  
NAME STAMITOLES, MIKE  
STREET ADDRESS 2830 INVERNESS COURT  
CITY-STATE-ZIP PENSACOLA, FL 32504

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

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SIGNATURE:

*Cynthia T Mincy*

04-17-08

8506560100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #