2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2009
Secretary of State

DOCUMENT# L08000003816

Entity Name: PP MANAGEMENT SERVICES LLC

Current Principal Place of Business:

827 8TH AVENUE W
PALMETTO, FL 34221

New Principal Place of Business:

Current Mailing Address:

827 8TH AVENUE W
PALMETTO, FL 34221

New Mailing Address:

815 8TH AVENUE W
PALMETTO, FL 34221

FEI Number: 26-1689025 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

AMERES, KALLIOPI
520 RIVERSIDE DRIVE
PALMETTO, FL 34227 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:	EMMANUEL & KALLIOPI AMERES TENANTS	
Address:	827 8TH AVENUE W	
City-St-Zip:	PALMETTO, FL 34221	
Title:	MGRM	( ) Delete
Name:	GEORGE & JENNIFER AMERES TENANT BY ENTITIE	
Address:	827 8TH AVENUE W	
City-St-Zip:	PALMETTO, FL 34221	
Title:	MGRM	( ) Delete
Name:	MICHAEL & SARAH AMERES TENANTS BY ENTITIES	
Address:	827 8TH AVENUE W	
City-St-Zip:	PALMETTO, FL 34221	
Title:	MGRM	( ) Delete
Name:	AMERES, KATINA	
Address:	827 8TH AVENUE W	
City-St-Zip:	PALMETTO, FL 34221	

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
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: KALLIOPI AMERES MGRM 04/29/2009

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