# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Apr 06, 2011**
**Secretary of State**

DOCUMENT# L09000048443

**Entity Name:** PROPERTY PRESERVATION PROCESSING LLC

**Current Principal Place of Business:**

8870 N HIMES AVE
SUITE 324
TAMPA, FL 33614

**New Principal Place of Business:**

**Current Mailing Address:**

8870 N HIMES AVE
SUITE 324
TAMPA, FL 33614

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SWENSON, THAYNE
8870 N HIMES AVE
SUITE 324
TAMPA, FL 33614 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
Name: SWENSON, THAYNE
Address: 8870 N HIMES AVE
City-St-Zip: TAMPA, FL 33614

Title: MGR
Name: SWENSON, MIKE
Address: 8870 N HIMES AVE
City-St-Zip: TAMPA, FL 33614

Title: MGR
Name: SMITH, MARSHALL
Address: 8870 N HIMES AVENUE
City-St-Zip: TAMPA, FL 33614

Title: MGR
Name: YOUNG, BRIAN
Address: 8870 N HIMES AVE
City-St-Zip: TAMPA, FL 33614

I hereby 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 Statues.

SIGNATURE: THAYNE SWENSON CEO 04/06/2011

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