


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

15 NOV 17 AM 8:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>L100000105094</u>			
1. Limited Liability Company's Name <u>PPMV L.L.C.</u>			
2. Principal Office Address - No P.O. Box # <u>110 Gulf Shore Drive</u>		3. Mailing Office Address	
Suite, Apt. #, etc. <u>Unit 724</u>		Suite, Apt. #, etc.	
City & State <u>Destin FL</u>		City & State	
Zip <u>32541</u>	Country	Zip	Country
8. Name and Address of Current Registered Agent			
Name <u>Leslie Pace</u>			
Street Address (P.O. Box Number is Not Acceptable) Suite, <u>10 Gulf Shore Drive</u>			
Apt. #, Etc. <u>Unit 724</u>			
City <u>Destin</u>		State <u>FL</u>	Zip Code <u>32541</u>
9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.			
Signature of Registered Agent <u>Leslie Pace</u>		Date <u>Nov. 10, 2015</u>	
REGISTERED AGENT MUST SIGN			
10. Names and Street Addresses of Authorized Representatives/Managers			
Titles	Name of Authorized Representatives/Managers	Street Address of Each Authorized Representative/Manager	City / State / Zip
<u>Mgr</u>	<u>LESLIE PACE</u>	<u>110 GULF SHORE DRIVE</u>	<u>DESTIN FL 32541</u>
11. E-mail Address: <u>LAPACE19672@GMAIL.COM</u>			
(To be used for future annual report notifications)			
12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirement of section 605.0012, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.			
Signature of authorized representative/member <u>[Signature]</u>		Date <u>Nov 10, 2015</u> Daytime Phone # <u>850 585 9951</u>	
Typed or printed name of signing authorized representative/member			

CR2E041 (1/14)

4. State/Country of Formation

5. Date Organized or Qualified To Do Business in Florida

6. FEI Number

37-1615453

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required for a certificate of status

700273211247
11/17/15--01003--003 **238.75