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TALLAHASSEE, FL

A. BUTLER
FEB - 4 2022

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Malison PPR, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Leslie A. Harrison
Name of Person

Malison PPR, LLC
Firm/Company

17909 Wells Road
Address

Jacksonville, FL 32234
City/State and Zip Code

MalisonPPR@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Leslie Harrison at (386) 546-7532
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|--|--|--|--|

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Malison PPP, LLC 2201

(A Florida Limited Liability Company)

Malison's FPH, LLC

If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member

[illegible]

[illegible]

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated 1/24/2022

Signature of a member or authorized representative of a member

Leslie Harrison

Typed or printed name of signee