

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000112289

**Entity Name:** PPS5.LLC

**Current Principal Place of Business:**

16450 S TAMiami TRAIL  
UNIT 6  
FORT MYERS , FL 33908

**Current Mailing Address:**

16450 S TAMiami TRAIL  
#6  
FORT MYERS, FL 33908 US

**FEI Number:** 46-1126863

**Certificate of Status Desired:** No

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

SCIULLA, PETER  
16450 S TAMiami TRAIL  
UNIT 6  
FORT MYERS , FL 33908 US

*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

**Authorized Person(s) Detail :**

Title            PRESIDENT  
Name            SCIULLA, PETER P SR.  
Address        16450 S TAMiami TRAIL  
                  UNIT 6  
City-State-Zip: FORT MYERS FL 33908

Title            MGR  
Name            SCIULLA, CLAUDIA  
Address        16450 S TAMiami TRAIL  
                  UNIT 6  
City-State-Zip: FORT MYERS FL 33908

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** PETER SCIULLA

**PRESIDENT**

**01/08/2020**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date