

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000225430

Entity Name: PROFESSIONAL DELIVERY PROVIDERS LLC

Current Principal Place of Business:

101 WORLD DRIVE
SUITE 200
PEACHTREE CITY, GA 30269

Current Mailing Address:

101 WORLD DRIVE
SUITE 200
PEACHTREE CITY, GA 30269 US

FEI Number: 36-4854485

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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 MANAGER
Name MEYER, KARL
Address 101 WORLD DRIVE
 SUITE 200
City-State-Zip: PEACHTREE CITY GA 30269

Title MANAGER
Name SOHRAB, NADER
Address 8321 NW 74 ST
City-State-Zip: MEDLEY FL 33166

Title MANAGER
Name FAINO, BENJAMIN
Address 101 WORLD DRIVE
 SUITE 200
City-State-Zip: PEACHTREE CITY GA 30269

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: NADER SOHRAB

MANAGER

03/05/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date