## 2016 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M14000003417 **Entity Name: SECTION 5 LLC** 

**FILED** Mar 18, 2016 **Secretary of State** CC6511874276

**Current Principal Place of Business:** 

3424 PEACHTREE ROAD, NE ATLANTA, GA 30326

**Current Mailing Address:** 

3424 PEACHTREE ROAD, NE ATLANTA, GA 30326 US

FEI Number: 47-2236794 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CT 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: CONNIE BRYAN, ASSISTANT SECRETARY

03/18/2016

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail:

ATLANTA GA 30326

Title Title **EXECUTIVE DIRECTOR** MGRM

PPF INDUSTRIAL 11600 NW 91ST GREENO, AARON Name Name

STREET, LLC 1585 BROADWAY Address

Address 3424 PEACHTREE ROAD, NE City-State-Zip: NEW YORK NY 10036

City-State-Zip: Title EXECUTIVE DIRECTOR

Title MANAGING DIRECTOR Name BARNWELL, DEVIN

Name BROWN, SCOTT Address 3424 PEACHTREE ROAD, NE

Address 1585 BROADWAY ATLANTA GA 30326 City-State-Zip:

City-State-Zip: NEW YORK NY 10036

ASST. SECRETARY Title Title MANAGING DIRECTOR

Name FREEMAN, GAIL TODD, CANDICE Name

Address 3424 PEACHTREE ROAD, NE 3424 PEACHTREE ROAD, NE Address

City-State-Zip: ATLANTA GA 30326 City-State-Zip: ATLANTA GA 30326

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.

03/18/2016 ASSISTANT SECRETARY SIGNATURE: GAIL FREEMAN