

2020 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M19000008299

Entity Name: PPF SS 1115 EAST HILLSBOROUGH AVENUE, LLC**Current Principal Place of Business:**3384 PEACHTREE RD, NE, STE 400
ATLANTA, GA 30326**Current Mailing Address:**3384 PEACHTREE RD, NE, STE 400
ATLANTA, GA 30326 US**FEI Number:** 61-1938277**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 MBR
Name SAFEGUARD PROPERTIES III LLC
Address 3384 PEACHTREE RD, NE, STE 400
City-State-Zip: ATLANTA GA 30326

Title AUTHORIZED REPRESENTATIVE,
AUTHORIZED MEMBER, VP
Name CARMICHAEL, BRADFORD
Address 3384 PEACHTREE RD, NE
SUITE 400
City-State-Zip: ATLANTA GA 30326

Title CEO, AUTHORIZED
REPRESENTATIVE, AUTHORIZED
MEMBER

Name DEGNER, MARK
Address 3384 PEACHTREE RD, NE
SUITE 400
City-State-Zip: ATLANTA GA 30326

Title AUTHORIZED REPRESENTATIVE,
AUTHORIZED MEMBER, MANAGER
Name GOONAN, JIM
Address 105 MAXESS ROAD
SUITE 125
City-State-Zip: MELVILLE NY 11747

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: BRADFORD CARMICHAELVP CORPORATE
CONTROLLER

03/17/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date