

**2021 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, 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  
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 CARMICHAEL

VP CORPORATE  
CONTROLLER,  
AUTHORIZED PERSON

01/29/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date