## **2020 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M19000010013

Entity Name: PPF SS 12950 WALSINGHAM ROAD, LLC

**FILED** Mar 26, 2020 **Secretary of State** 9322059357CC

## **Current Principal Place of Business:**

3384 PEACHTREE ROAD NE, SUITE 400

ATLANTA GA 30326

## **Current Mailing Address:**

3384 PEACHTREE ROAD NE, SUITE 400 ATLANTA GA 30326

FEI Number: 30-1209452 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

VP. AUTHORIZED MEMBER.

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:

Title

Date Electronic Signature of Registered Agent

Authorized Person(s) Detail:

Title **MBR** Title CEO. AUTHORIZED MEMBER.

AUTHORIZED REPRESENTATIVE SAFEGUARD PROPERTIES III LLC Name

DEGNER, MARK Name Address 3384 PEACHTREE ROAD NE, SUITE

3384 PEACHTREE ROAD, NE Address

SUITE 400 ATLANTA GA 30326

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

Title AUTHORIZED MEMBER, AUTHORIZED AUTHORIZED REPRESENTATIVE

REPRESENTATIVE Name CARMICHAEL, BRADFORD

Name GOONAN, JIM Address 3384 PEACHTREE ROAD NE

105 MAXESS ROAD SUITE 400 Address

SUITE 125 ATLANTA GA 30326

City-State-Zip: MELVILLE NY 11747 City-State-Zip:

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 CONTROLLER. **AUTHORIZED** REPRESENTATIVE 03/26/2020