

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Aug 16, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000040846

1. Entity Name
PERUN INVESTMENT COMPANY, L.C.



Principal Place of Business

**115 S. LOIS AVENUE
206
TAMPA, FL 33609**

Mailing Address

**115 S. LOIS AVENUE
206
TAMPA, FL 33609**



07112006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1234877

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

**SETRAJCIC, ANDREJ
115 S. LOIS AVENUE
206
TAMPA, FL 33609**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by September 6, 2006**

000000574464
08/16/06-80002-003 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	SETRAJCIC, ANDREJ
STREET ADDRESS	115 S. LOIS AVENUE APT 206
CITY-STATE-ZIP	TAMPA, FL 33609
TITLE	MGRM
NAME	SETRAJCIC, LUDVIK
STREET ADDRESS	CESTA V ZELENIM LOG 23
CITY-STATE-ZIP	LJUBLJANA, SLOVENIA, SI 1000
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.

SIGNATURE: *Setrajic*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

8/14/06 *813 679-3929*
Date Daytime Phone #