

**2017 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L04000025780

**Entity Name:** PERKINS INVESTMENTS, LLC

**Current Principal Place of Business:**

7990 SW 175TH ST.  
PALMETTO BAY, FL 33157

**Current Mailing Address:**

7990 SW 175TH ST.  
PALMETTO BAY, FL 33157 US

**FEI Number:** 20-0959592

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

PERKINS, WILLIAM AIII  
7990 SW 175TH ST.  
PALMETTO BAY, FL 33157 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:** WILLIAM A PERKINS III

10/17/2017

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	MGR	Title	29 D
Name	PERKINS, WILLIAM AIII	Name	PERKINS, WILLIAM AIII
Address	29 DRIFTWOOD DR.	Address	29 DRIFTWOOD DR.
City-State-Zip:	KEY WEST FL 33040	City-State-Zip:	KEY WEST FL 33040
Title	29 D	Title	29 D
Name	PERKINS, WILLIAM AIII	Name	PERKINS, WILLIAM AIII
Address	29 DRIFTWOOD DR.	Address	29 DRIFTWOOD DR.
City-State-Zip:	KEY WEST FL 33040	City-State-Zip:	KEY WEST FL 33040
Title	29 D	Title	29 D
Name	PERKINS, WILLIAM AIII	Name	PERKINS, WILLIAM AIII
Address	29 DRIFTWOOD DR.	Address	29 DRIFTWOOD DR.
City-State-Zip:	KEY WEST FL 33040	City-State-Zip:	KEY WEST FL 33040

*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:** WILLIAM A. PERKINS III

MGR/DIR

10/17/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date