## 2015 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000025780

Entity Name: PERKINS INVESTMENTS, LLC

**Current Principal Place of Business:** 

29 DRIFTWOOD DR. KEY WEST. FL 33040

**Current Mailing Address:** 

811 VENETIA AVE

CORAL GABLES, FL 33134

FEI Number: 20-0959592 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PERKINS, WILLIAM AIII 811 VENETIA AVE. CORAL GABLES, FL 33134 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 05/15/2015

Electronic Signature of Registered Agent

Date

FILED May 15, 2015

**Secretary of State** 

CR0187547609

Authorized Person(s) Detail:

Title MGR Title 29 D

NamePERKINS, WILLIAM AIIINamePERKINS, WILLIAM AIIIAddress29 DRIFTWOOD DR.Address29 DRIFTWOOD DR.City-State-Zip:KEY WEST FL 33040City-State-Zip:KEY WEST FL 33040

Title 29 D Title 29 D

NamePERKINS, WILLIAM AIIINamePERKINS, WILLIAM AIIIAddress29 DRIFTWOOD DR.Address29 DRIFTWOOD DR.City-State-Zip:KEY WEST FL 33040City-State-Zip:KEY WEST FL 33040

Title 29 D Title 29 D

NamePERKINS, WILLIAM AIIINamePERKINS, WILLIAM AIIIAddress29 DRIFTWOOD DR.Address29 DRIFTWOOD DR.City-State-Zip:KEY WEST FL 33040City-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

**PRESIDENT** 

05/15/2015