

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000110675

**Entity Name:** BLUE GRAY EQUESTRIAN PARTNERS LLC

**Current Principal Place of Business:**

14775 EQUESTRIAN WAY  
WELLINGTON, FL 33414

**Current Mailing Address:**

14775 EQUESTRIAN WAY  
WELLINGTON, FL 33414 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

GERSON, GARY  
3001 PGA BLVD  
C/O NASON YEAGER GERSON WHITE & LIOCE, P.A. SUITE 305  
PALM BEACH GARDENS, FL 33410 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 MGRM  
Name MAURICE C. PERKINS III REVOCABLE TRUST  
Address 11124 ISLE BROOK CT  
City-State-Zip: WELLINGTON FL 33414

Title MGRM  
Name DEBORAH W. PERKINS REVOCABLE TRUST  
Address 11124 ISLE BROOK CT  
City-State-Zip: WELLINGTON FL 33414

Title MGR  
Name PERKINS, III, MAURICE C  
Address 11124 ISLE BROOK CT  
City-State-Zip: WELLINGTON FL 33414

*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:** PERKINS, III , MAURICE C

MGR

01/16/2018

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date