

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000111148

**Entity Name:** PERCH PROPERTIES, LLC

**Current Principal Place of Business:**

829 LOWELL BLVD  
# OFFICE  
ORLANDO, 32803

**FILED**  
**Apr 25, 2017**  
**Secretary of State**  
**CC6297762919**

**Current Mailing Address:**

829 LOWELL BLVD  
# OFFICE  
ORLANDO, 32803 UN

**FEI Number: 47-4584841**

**Certificate of Status Desired: No**

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

SHINABERY, JOSEPH  
1412 KENNETH AVE  
CASSELBERRY, FL 32707 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 AMBR  
Name SHINABERY, JOSEPH  
Address 1412 KENNETH AVE  
City-State-Zip: CASSELBERRY FL 32707

Title AMBR  
Name PELLI, DANIEL  
Address 1140 WASHINGTON AVE  
City-State-Zip: WINTER PARK FL 32789

Title AMBR  
Name CHIRILLO, PASQUALE  
Address 5227 FORMBY  
City-State-Zip: ORLANDO FL 32812

*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: JOSEPH SHINABERY**

**AMBR**

**04/25/2017**

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

\_\_\_\_\_  
Date