

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000121649

**FILED**  
**Jan 18, 2019**  
**Secretary of State**  
**9241863953CC**

**Entity Name:** PERFECT LATITUDE PARTNERS LLC

**Current Principal Place of Business:**

1459 CARIBE DRIVE  
NAVARRE, FL 32566

**Current Mailing Address:**

1459 CARIBE DRIVE  
NAVARRE, FL 32566

**FEI Number:** 82-2180126

**Certificate of Status Desired:** No

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

BRAWNER, KELLY K  
1459 CARIBE DRIVE  
NAVARRE, FL 32566 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 BRAWNER, KELLY K  
Address 1459 CARIBE DRIVE  
City-State-Zip: NAVARRE FL 32566

Title AMBR  
Name BRAWNER, STEPHEN D  
Address 1459 CARIBE DRIVE  
City-State-Zip: NAVARRE FL 32566

Title AMBR  
Name KILLILEA, SHANNON  
Address 1467 CARIBE DRIVE  
City-State-Zip: NAVARRE FL 32566

*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:** STEPHEN D BRAWNER

AMBR

01/18/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date