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
path; 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 Sta	tutes; and
that my name appears above, or on an attachment with all other like empowered.	

SIGNATURE: WESTON PERKINS

Т

Electronic Signature of Signing Authorized Person(s) Detail

# DOCUMENT# L18000007275

Entity Name: THE PERKINS GROUP, LLC

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

### **Current Principal Place of Business:**

855 PALMETTO TERRACE OVIEDO, FL 32765

## **Current Mailing Address:**

855 PALMETTO TERRACE OVIEDO, FL 32765 US

### FEI Number: 38-4057473

# Name and Address of Current Registered Agent:

PERKINS, WESTON JAMES 855 PALMETTO TERRACE OVIEDO, FL 32765 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	: WESTON PERKINS				
	Electronic Signature of Registered Agent			Date	
Authorized Person(s) Detail :					
Title	AMBR	Title	AMBR		
Name	PERKINS, WESTON	Name	PERKINS, TERA		
Address	855 PALMETTO TERRACE	Address	855 PALMETTO TERRACE		
City-State-Zip:	OVIEDO FL 32765	City-State-Zip:	OVIEDO FL 32765		

08 th

AMBR

04/05/2019

FILED Apr 05, 2019 Secretary of State 7103013558CC

Certificate of Status Desired: Yes

Date