

**2023 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L19000101638

**Entity Name:** PERK SERVICES, LLC

**Current Principal Place of Business:**

410 MYRTLE AVE  
SUITE 102  
LONGWOOD, FL 32750

**Current Mailing Address:**

PO BOX 520089  
LONGWOOD, FL 32752 US

**FEI Number:** 84-4765140

**Certificate of Status Desired:** No

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

MAYBERRY, CHRISTINA  
460 N. RONALD REAGAN BLVD.  
SUITE 112  
LONGWOOD, FL 32750 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 MGR  
Name MAYBERRY, CHRISTINA  
Address 460 N. RONALD REAGAN BLVD.  
SUITE 112  
City-State-Zip: LONGWOOD 32750

Title MGR  
Name PUMPHREY, DERRON T  
Address 4711 SHEFFIELD DRIVE  
City-State-Zip: MARIANNA FL 327446

*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:** CHRISTINA MAYBERRY

MGR

03/01/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date