

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000311882

**Entity Name:** PERDIDO RESCREENS & REPAIRS LLC

**Current Principal Place of Business:**

11421 GULF BEACH HWY  
PENSACOLA, FL 32507

**Current Mailing Address:**

11421 GULF BEACH HWY  
PENSACOLA, FL 32507 US

**FEI Number: 85-3267876**

**Certificate of Status Desired: No**

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

CHRISTINA POWERS TAX  
3700 CREIGHTON RD  
10  
PENSACOLA, FL 32504 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	Title	AMBR
Name	HOSSLER, CARY S	Name	BARNES, DONALD J.
Address	11421 GULF BEACH HWY	Address	11421 GULF BEACH HWY
City-State-Zip:	PENSACOLA FL 32507	City-State-Zip:	PENSACOLA FL 32507

*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: HOSSLER , CARY S**

**MGR**

**04/28/2023**

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

\_\_\_\_\_  
Date