

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000525460

**Entity Name:** A. PERRY TRUST, LLC

**Current Principal Place of Business:**

1490 WESTERN DRIVE  
MOORE HAVEN, FL 33471

**Current Mailing Address:**

1490 WESTERN DRIVE  
MOORE HAVEN, FL 33471 US

**FEI Number:** 92-1466216

**Certificate of Status Desired:** No

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

CARL S. PERRY  
1490 WESTERN DRIVE  
MOORE HAVEN, FL 33471 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 CARL S. PERRY  
Address 1490 WESTERN DRIVE  
City-State-Zip: MOORE HAVEN FL 33471

*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:** RONDA PERRY

MANAGER

03/11/2024

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

\_\_\_\_\_ Date