

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2003 8:00 am
Secretary of State

01-29-2003 90044 028 ****50.00

DOCUMENT # L00000015968

1. Entity Name
PERROTT PROPERTIES, LLC



Principal Place of Business

**1 BEECH BLVD.
DAYTONA BEACH FL 32128**

Mailing Address

**1966 COUNTRY CLUB DRIVE
DAYTONA BEACH FL 32128**

2. Principal Place of Business

1 BEECH BLVD

3. Mailing Address

1 BEECH BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PORT ORANGE, FL

City & State

PORT ORANGE, FL

Zip

Country

32128 USA

Zip

Country

32128 USA

4. FEI Number **22-9309147**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PERROTT, PATRICK E
1966 COUNTRY CLUB DRIVE
DAYTONA BEACH FL 32128**

Name

Street Address (P.O. Box Number is Not Acceptable)

P

City

PORT ORANGE

FL

Zip Code

32128

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGRM** ☐ Delete
NAME **PERROTT, PATRICK E**
STREET ADDRESS **1866 COUNTRY CLUB DR.**
CITY-ST-ZIP **DAYTONA BEACH FL 32128**

TITLE **MGRM** ☒ Change ☐ Addition
NAME **PERROTT, PATRICK E.**
STREET ADDRESS **1966 COUNTRY CLUB DRIVE**
CITY-ST-ZIP **PORT ORANGE, FL, 32128**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.

SIGNATURE: *Patrick E Perrott*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1/4/03 386-761-1711

Date

Daytime Phone #

CR2E083 (10/02)