

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 23, 2004 08:00 AM
Secretary of State

DOCUMENT # L01000016802

1. Entity Name

PERAZA CAPITAL AND INVESTMENT, LLC



Principal Place of Business

224 ARANDA ST. NE
ST PETERSBURG, FL 33704

Mailing Address

224 ARANDA ST. NE
ST PETERSBURG, FL 33704

DO NOT WRITE IN THIS SPACE



02052004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number

59-3757546

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

LEWIS, SAM
224 ARANDA ST. NE
ST PETERSBURG, FL 33704

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$50.00
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
LEWIS, SAM
224 ARANDA ST. NE
ST PETERSBURG, FL 33704

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CEO
PERAZA, SUZETTE M
107 6TH ST.
BELLEAIR BEACH, FL 37386

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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02/23/04-80141-014 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

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

Date

Daytime Phone #

02-19-04