2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 06, 2004 8:00 am
Secretary of State
04-08-2004 90272 036 ****50.00

DOCUMENT # L03000001127

1. Entity Name
PERK FICTION LLC

Principal Place of Business	Mailing Address
709 GULF WAY ST. PETE BEACH, FL 33706	204 43RD AVENUE ST. PETE BEACH, FL 33706

02252004 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
709 Gulf Way	
Suite, Apt. #, etc.: Suite 100	Suite, Apt. #, etc.
City & State: St. Pete Beach, FL	City & State
Zip: 33706 Country: Pinellas	Zip / Country

4. FEI Number: 71-0927335 ☐ 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
HAGNER, KATHRYN G 1002 PASS-A-GRILLE WAY ST. PETE BEACH, FL 33706	Name: HAGNER, KATHRYN G. Street Address (P.O. Box Number is Not Acceptable): 204 43rd AVENUE City: ST. PETE BEACH FL Zip Code: 33706

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 ______________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00 Due by May 1, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Principal Kathryn G. Hagner 204 43rd Ave. St. Pete Beach, FL 33706	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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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: Kathryn G. Hagner 4/04/04 727-235-1980
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #