


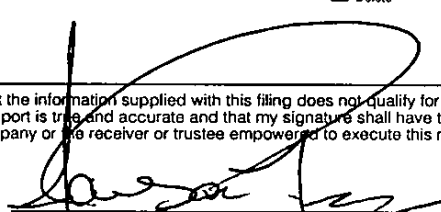
# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90367 020 \*\*\*\*55.00

**14013040**

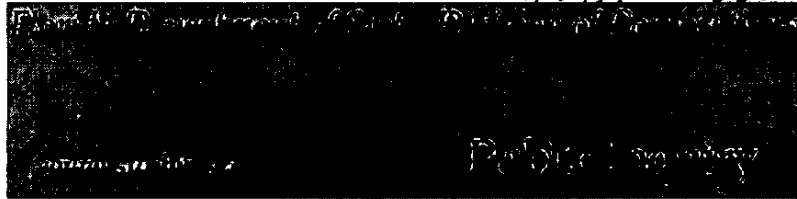


<b>DOCUMENT # L04000088808</b>					
1. Entity Name PERRY DESIGN GROUP, LLC					
Principal Place of Business 9577 EAST BAY MEADOWS DRIVE INVERNESS, FL 34450			Mailing Address 9577 EAST BAY MEADOWS DRIVE INVERNESS, FL 34450		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <div style="font-size: 1.2em; font-weight: bold;">59-3794244</div>	
5. Certificate of Status Desired				<input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b> <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
PERRY, JAMES A 9577 EAST BAY MEADOWS DRIVE INVERNESS, FL 34450				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				<div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>				<b>Make check payable to Florida Department of State</b>	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PERRY, JAMES A 9577 EAST BAY MEADOWS DRIVE INVERNESS, FL 34450	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PERRY, ROBERT C 1305 N. TIMUCUAN TRAIL INVERNESS, FL 34453	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR NOBLES, CONNIE D 1429 S.W. 80TH AVE. BELL, FL 32819	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR NOBLES, PASCHAL F 1429 S.W. 80TH AVE. BELL, FL 32819	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE:</b> 			4-28-05 352-751-0883		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date Daytime Phone #</small>		

ATTACHMENT

140 13040

#L04000088808



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**Florida Limited Liability****PERRY DESIGN GROUP, LLC**

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**PRINCIPAL ADDRESS**

9577 EAST BAY MEADOWS DRIVE  
INVERNESS FL 34450

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**MAILING ADDRESS**

9577 EAST BAY MEADOWS DRIVE  
INVERNESS FL 34450

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**Document Number**  
L04000088808

**FEI Number**  
NONE

**Date Filed**  
12/08/2004

**State**  
FL

**Status**  
ACTIVE

**Effective Date**  
NONE

**Total Contribution**  
0.00

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**Registered Agent**

Name & Address
PERRY, JAMES A 9577 EAST BAY MEADOWS DRIVE INVERNESS FL 34450

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**Manager/Member Detail**

Name & Address	Title
PERRY, JAMES A 9577 EAST BAY MEADOWS DRIVE INVERNESS FL 34450	MGR
PERRY, ROBERT C 1305 N. TIMUCUAN TRAIL INVERNESS FL 34453	MGR
NOBLES, CONNIE D 1429 S.W. 80TH AVE. BELL FL 32819	MGR

ATTACHMENT

140/3040  
#L04000088808

NOBLES, PASCHAL F  
1429 S.W. 80TH AVE.

BELL FL 32819

MGR

### Annual Reports

Report Year

Filed Date

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No Events

No Name History Information

### Document Images

Listed below are the images available for this filing.

12/08/2004 -- Florida Limited Liabilites

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