## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## **DOCUMENT # L05000042103**

Entity Name

PERÉNICH & PERENICH, P.L.



Principal Place of Business

28059 US HWY 19 N

SUITE 100 CLEARWATER, FL 33761 Mailing Address

28059 US HWY 19 N Suite 100

CLEARWATER, FL 33761

## FILED Jan 23, 2008 8:00 am Secretary of State

01-23-2008 90022 034 \*\*\*138.75

60003241



01032008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-2734636

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

PERENICH, GREGORY J ESQ 28059 US HWY 19 N SUITE 100 CLEARWATER, FL 33761

. *		٠.	~		-	. ₹	4	~									•		
ì ~			· ^-	1881	4 8	M	ĸ		1.1			٧.		•					_
٠,	. 6				1	ч	u	77		٠.	- 1	и.	w						· · ·
		<i>.</i>	0				, ,	_		130		٠,	₹.		•	٠.			_
	X1. 3	Lieu		200	97 .	٥.						- 7						٠.	
		342.4	HIPPH	* *	œ.	14	15	4	٠.		1.			٠.	٠	.22			5.
		N	J.	-11	Г	ŀ	ł	!	5		Š	;	P	/	١	(	•	F	=
•	•	•	- 30	. ;		÷.	•	•	_		•	•	•	•	. 🕶	-			-

,		ति के के किस्सार कर्षेत्र एक क्षेत्र कर्षेत्र कर्षेत्र कर्षेत्र कर्षेत्र कर्षेत्र कर्षेत्र कर्षेत्र कर्षेत्र क विकास कर्षेत्र कर्षे
<ol><li>The above named entity submits this statement for the purpose of chan- the obligations of registered agent.</li></ol>	ging its registered office or registered agent, or both, in the State	e of Florida. I am familiar with, and accept
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 \$138.75 After May 1, 2008 Fee will be \$538.75		

9.	MANAGING MEMBERS/MANAGERS	1 1
TITLE	MGRM	1 17
NAME	PERENICH, TIMOTHY B ESQUIRE	3
STREET ADDRESS	28059 US HWY 19 N., SUITE 100	
CITY-ST-ZIP	CLEARWATER, FL 33761	
TITLE	MGRM	
NAME	PERENICH, GREGORY J ESQUIRE	
STREET ADDRESS	28059 US HWY 19 N., SUITE 100	2 3 .10
CITY-ST-ZIP	CLEARWATER, FL 33761	Search A
TITLE		1.
NAME		1996年4
STREET ADDRESS		
CITY-ST-ZIP		[4 (III : 1 + 18]) 4 4 4 4
TITLE		1 11 1
NAME		Figure 14
STREET ADDRESS		1 1 1 1
CITY-ST-ZIP		
TITLE	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	14.1
NAME		,
STREET ADDRESS		
CITY-ST-ZIP		1 770
TITLE		Σ 301 . β
NAME		10 10gf (1
STREET ADDRESS		the main to
CITY-ST-ZIP		किस की की है। इस के की की

MANIACINIC MEMPEROMANNACER

## DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, 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: The Plucie

1/3/08

727-669-2828

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

Date

Daytime Phone #