

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000074488

FILED  
Apr 11, 2009  
Secretary of State

Entity Name: PERAND ENTERPRISES, LLC

**Current Principal Place of Business:**

8983 OKEECHOBEE BOULEVARD  
#202-151  
WEST PALM BEACH, FL 33411 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 21877  
WEST PALM BEACH, FL 33416 US

**New Mailing Address:**

FEI Number: 20-3243485

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

EALY, PERCY L JR  
8983 OKEECHOBEE BOULEVARD  
#202-151  
WEST PALM BEACH, FL 33411 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: M ( ) Delete  
Name: EALY, PERCY L JR.  
Address: P. O. BOX 21877  
City-St-Zip: WEST PALM BEACH, FL 33416 US

Title: M ( ) Delete  
Name: EALY, JOSEPHINE  
Address: P. O. BOX 21877  
City-St-Zip: WEST PALM BEACH, FL 33416 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: EALY, PERCY L JR.  
Address: P. O. BOX 21877  
City-St-Zip: WEST PALM BEACH, FL 33416 US

Title: MGRM (X) Change ( ) Addition  
Name: EALY, JOSEPHINE  
Address: P. O. BOX 21877  
City-St-Zip: WEST PALM BEACH, FL 33416 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: PERCY L. EALY, JR.

MGRM

04/11/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date