

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000095344

FILED  
Apr 29, 2011  
Secretary of State

**Entity Name:** PERRY FINANCIAL & INSURANCE, LLC

**Current Principal Place of Business:**

3030 STARKEY BLVD., STE 103  
NEW PORT RICHEY, FL 34655 US

**New Principal Place of Business:**

3030 N ROCKY POINT DR W  
150  
TAMPA, FL 33607 US

**Current Mailing Address:**

3030 STARKEY BLVD., STE 103  
NEW PORT RICHEY, FL 34655 US

**New Mailing Address:**

3030 N ROCKY POINT DR W  
150  
TAMPA, FL 33607 US

**FEI Number:** 20-3542402

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CODY, JOHN L  
7911 RUSTY HOOK COURT  
HUDSON, FL 34667 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: MGRM  
Name: NAFZIGER, PERRY W  
Address: 3030 N ROCKY POINT DR W  
City-St-Zip: TAMPA, FL 33607 US

Title: MGRM  
Name: TRACEY, GABRIELA  
Address: 12522 ECLIPSE COURT  
City-St-Zip: NEW PORT RICHEY, FL 34654

I hereby 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: PERRY NAFZIGER

MGRM

04/29/2011

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