


FILED
Apr 16, 2007 8:00 am
Secretary of State

04-02-2007 90434 042 ****50.00

2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L06000018723			
1. Entity Name VINCENT AND KATHLEEN PERRON, LLC			
Principal Place of Business 3203 BAYSHORE BLVD. UNIT 801 TAMPA, FL 33629		Mailing Address 3203 BAYSHORE BLVD. UNIT 801 TAMPA, FL 33629	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip		Zip	
Country		Country	
20-4344139		FEI Number 20-4344139	
Applied For		Not Applicable	
5. Certificate of Status Desired		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent HOLCOMB, JOHN L 101 E. KENNEDY BLVD. SUITE 3700 TAMPA, FL 33602			
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
CO-MANAGER VINCENT PERRON 3203 BAYSHORE BLVD #801 TAMPA, FL 33629		CO-MANAGER KATHLEEN PERRON 3203 BAYSHORE BLVD #801 TAMPA, FL 33629	
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11. I hereby certify that the information supplied with this filing 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 606, Florida Statutes.			
SIGNATURE: <u>Kathleen Leber MD</u>		Date <u>3/22/07</u> Daytime Phone # <u>813-350-0700</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			

submitted 4/11 Kathleen Leber Perron, MD 4/11/07