

**FILE NOW: Fee after May 1, will be \$588.75**

**APPROVED  
AND  
FILED**

**1997 MAY 27 PM 1:08**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

LIMITED LIABILITY COMPANY  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Morton**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILING FEE  
\$ 203.75**

Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee

**Make Check Payable To: FLORIDA DEPARTMENT OF STATE**

1 Name and Mailing Address  
of Limited Liability Company

**DOCUMENT # L96000001125**

PERSISTENCE, L.C.

% HARRY TEMPKINS, ESQ.  
420 LINCOLN ROAD SUITE 358  
MIAMI BEACH, FL 33139

1a. Principal Place of Business Address

HARRY TEMPKINS ESQ.  
420 LINCOLN ROAD SUITE 358  
MIAMI BEACH FL 33139

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.

2 Principal Place of Business

PERSISTENCE, L.C.

Suite, Apt. #, etc.

2714 N.E. 24TH STREET

City & State

LIGHTHOUSE POINT, FL

Zip

33064

Country

USA

2a. Mailing Address

PERSISTENCE, L.C.

Suite, Apt. #, etc.

171 McDONALD'S COURT

City & State

MYRTLE BEACH, SC

Zip

29577

Country

USA

3. Date Organized or Qualified

10/23/1996

3a. State of Formation

FL

4. FEI Number

58-2298299

☐ Applied For

☐ Not Applicable

5. Date of Last Report

6. Certificate of Status Desired

SR 2: Additional Fee Required ☐

7. Name and Address of Current Registered Agent

TEMPKINS, HARRY ESQ  
420 LINCOLN ROAD  
SUITE 358  
MIAMI BEACH, FL 33139

8. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, etc.

City

Zip Code

**FL**

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	JOEL A. PELLICCI	171 McDonald's Court	Myrtle Beach, SC 29577
MGRM	DANIEL RATLEY	401 Forest Lake Rd.	Fayetteville, NC 28305
MEM	PHILIP TAYLOR	1042 Bragg Blvd.	Fayetteville, NC 28301

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\*\*\*\*\*203.75 \*\*\*\*\*203.75

108  
5/28/97

11. I do 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 annual 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; and that my name appears in Block 10, or on an attachment with an address.

**SIGNATURE:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #