

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L97000000969

1. Entity Name
PERU ASSOCIATES, L.L.C.

Principal Place of Business
567 AUDUBON BLVD.
APT. 310
NAPLES FL 34110

Mailing Address
567 AUDUBON BLVD.
APT. 310
NAPLES FL 34110

FILED

01 FEB -6 AM 8:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0771866

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JOHNSON, KENNETH R
4001 TAMiami TrL., N., STE. 300
NAPLES FL 34103

Name Dennis J. Lynch

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

5006 Tamiami Trail North

City Naples

FL

Zip Code 34103

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.

SIGNATURE *Dennis J. Lynch*
Signature typed or printed name of registered agent and title if applicable.

Dennis J. Lynch

DATE

01/16/01

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE MGR
NAME LYNCH, DENNIS J
STREET ADDRESS 567 AUDUBON BLVD.
CITY-ST-ZIP NAPLES FL 34110 ☐ Delete

TITLE MGR ☒ Change ☐ Addition
NAME Dennis J. Lynch
STREET ADDRESS 5006 Tamiami Trail North
CITY-ST-ZIP Naples, FL 34103

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I 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 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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Dennis J. Lynch* DENNIS J. LYNCH
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

01/16/01 941-261-1739

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CR2E083 (11/00)