

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000000929

1. Entity Name

GG&A/PERIWINKLE LLC

**FILED**  
**May 06, 2002 8:00 am**  
**Secretary of State**

05-06-2002 90126 032 \*\*\*\*50.00

Principal Place of Business

5775 PEACHTREE DUNWOODY ROAD, SUITE 175D  
ATLANTA GA 30342

Mailing Address

C/O GREGORY GREENFIELD & ASSOCIATES, LTD.  
5775 PEACHTREE DUNWOODY RD.  
ATLANTA GA 30342

2. Principal Place of Business

124 Johnson Ferry Road NE  
Suite, Apt. #, etc.

3. Mailing Address

124 Johnson Ferry Road NE  
Suite, Apt. #, etc.

City & State

Atlanta GA

City & State

Atlanta GA

Zip

30328

Country

USA

Zip

30328

Country

USA

4. FEI Number

58-2398907

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.  
526 E. PARK AVENUE  
TALLAHASSEE FL 32301

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002**

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <b>GREGORY GREENFIELD &amp; ASSOCIATES, LTD.</b> <b>5775 PEACHTREE DUNWOODY ROAD</b> <b>ATLANTA GA 30342</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)