

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M97000000593

**FILED**  
**Jan 05, 2012**  
**Secretary of State**

**Entity Name:** PERRY FAMILY PROPERTIES, L.L.C.

**Current Principal Place of Business:**

78 US 19 SOUTH  
CAMILLA, GA 31730

**New Principal Place of Business:**

**Current Mailing Address:**

529 MORENO CIRCLE, NE  
ST. PETERSBURG, FL 33704

**New Mailing Address:**

**FEI Number:** 58-2186776

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PERRY, CLAUDE F SR.  
732 HARBOR BOULEVARD  
DESTIN, FL 32541 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:** PERRY MERGLER, KIMBERLY  
**Address:** 78 U.S. 19 SOUTH  
**City-St-Zip:** CAMILLA, GA 31730

**Title:** MGRM  
**Name:** PERRY ZWACK, EVA  
**Address:** 78 U.S. 19 SOUTH  
**City-St-Zip:** CAMILLA, GA 31730

**Title:** MGRM  
**Name:** PERRY NICKLES, CATHERINE  
**Address:** 78 U.S. 19 SOUTH  
**City-St-Zip:** CAMILLA, GA 31730

**Title:** MGR  
**Name:** PERRY, CLAUDE F SR.  
**Address:** U.S. 19 SOUTH  
**City-St-Zip:** CAMILLA, GA 31730

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:** EVA ZWACK

MGRM

01/05/2012

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