

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000008261

**Entity Name:** PERCOPO COATINGS COMPANY LLC

**Current Principal Place of Business:**

753 FLEET FINANCIAL CT  
LONGWOOD, FL 32750

**Current Mailing Address:**

753 FLEET FINANCIAL CT  
LONGWOOD, FL 32750 US

**FEI Number:** 01-0771464

**Certificate of Status Desired:** No

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

BUSINESS FILINGS INCORPORATED  
515 E. PARK AVENUE  
TALLAHASSEE, FL 32301 US

*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:** MARK WILLIAMS

04/18/2014

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MEMBER  
Name PERCOPO, VICTORIA  
Address 425 RACCOON ST  
City-State-Zip: LAKE MARY FL 32746

Title MEMBER  
Name PERCOPO, MICHAEL  
Address 425 RACCOON ST  
City-State-Zip: LAKE MARY FL 32746

Title PRESIDENT  
Name PERCOPO, VICTORIA  
Address 425 RACCOON ST  
City-State-Zip: LAKE MARY FL 32746

Title VICE-PRESIDENT  
Name PERCOPO, MICHAEL  
Address 425 RACCOON ST  
City-State-Zip: LAKE MARY FL 32746

Title SECRETARY  
Name PERCOPO, VICTORIA  
Address 425 RACCOON ST  
City-State-Zip: LAKE MARY FL 32746

Title TREASURER  
Name PERCOPO, MICHAEL  
Address 425 RACCOON ST  
City-State-Zip: LAKE MARY FL 32746

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** VICTORIA PERCOPO

MGRM

04/18/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date