

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000009277

**Entity Name:** DANIEL T PEREZ LLC

**Current Principal Place of Business:**

220 SARATOGA BLVD E  
WEST PALM BEACH, FL 33411

**Current Mailing Address:**

220 SARATOGA BLVD E  
WEST PALM BEACH, FL 33411

**FEI Number:** 02-0642080

**Certificate of Status Desired:** No

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

MATTHEWS, JAMES  
3515 VILLAGE BLVD  
SUITE 205  
WEST PALM BEACH, FL 33409 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title MGR  
Name PEREZ, DANIEL T  
Address 220 SARATOGA BLVD E  
City-State-Zip: WEST PALM BEACH FL 33411

Title OFC  
Name PEREZ, DANIEL T  
Address 220SARATOGA BLVD E  
City-State-Zip: EWST PALM BEACH FL 33411

Title DIR  
Name PEREZ, DANIEL T  
Address 220 SARATOGA BLVD E  
City-State-Zip: WEST PALM BEACH FL 33411

Title MGRM  
Name PEREZ, DANIEL T  
Address 220 SARATOGA BLVD E  
City-State-Zip: WEST PALM BEACH FL 33411

Title CEO  
Name PEREZ, DANIEL T  
Address 220SARATOGA BLVD E  
City-State-Zip: WEST PALM BEACH FL 33411

Title P  
Name PEREZ, DANIEL T  
Address 220 SARATOGA BLVD E  
City-State-Zip: WEST PALM BEACH FL 33411

*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:** DANIEL T PEREZ

**MANAGER**

**03/21/2021**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date