

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000040515

**Entity Name:** THE PERFECT PET SOLUTION LLC

**Current Principal Place of Business:**

5090 RIVERSIDE DR #107  
PORT ORANGE, FL 32127

**Current Mailing Address:**

5090 RIVERSIDE DR #107  
PORT ORANGE, FL 32127

**FEI Number:** 46-3838814

**Certificate of Status Desired:** No

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

SMITH, LAWRENCE  
5090 RIVERSIDE DR #107  
PORT ORANGE, FL 32127 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	AMBR	Title	MGR
Name	SMITH, LAWRENCE	Name	SMITH, JOAN H
Address	5090 RIVERSIDE DR #107	Address	5090 RIVERSIDE DR #107
City-State-Zip:	PORT ORANGE FL 32127	City-State-Zip:	PORT ORANGE FL 32127

*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:** LAWRENCE SMITH

VP

06/09/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date