

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000125350

**Entity Name:** LISSETTE M. PERERA, LLC

**Current Principal Place of Business:**

10302 CARROLL COVE PL  
TAMPA, FL 33612

**Current Mailing Address:**

PO BOX 342790  
TAMPA, FL 33694 US

**FEI Number:** 47-1555146

**Certificate of Status Desired:** No

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

PERERA, LISSETTE M  
10302 CARROLL COVE PL  
TAMPA, FL 33612 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	PRIN	Title	MGR
Name	PERERA, LISSETTE M	Name	PERERA, GILBERTO J
Address	10302 CARROLL COVE PL	Address	10302 CARROLL COVE PL
City-State-Zip:	TAMPA FL 33612	City-State-Zip:	TAMPA FL 33612

*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:** LISSETTE PERERA

**PRINCIPAL**

**04/29/2016**

Electronic Signature of Signing Authorized Person(s) Detail

Date