

**2026 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000205372

**FILED**  
**Feb 13, 2026**  
**Secretary of State**  
**7400129445CC**

**Entity Name:** PERELMAN FAMILY TRUST COMPANY, LLC

**Current Principal Place of Business:**

C/O COZEN O'CONNOR  
1801 N. MILITARY TRAIL SUITE 200  
BOCA RATON, FL 33431

**Current Mailing Address:**

C/O COZEN O'CONNOR  
1801 N. MILITARY TRAIL SUITE 200  
BOCA RATON, FL 33431 US

**FEI Number:** 82-3608955

**Certificate of Status Desired:** No

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

CORPORATION SERVICE COMPANY  
1201 HAYS ST  
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:**

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

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title: MANAGER  
Name: PERELMAN, RONALD O  
Address: C/O COZEN O'CONNOR  
1801 N. MILITARY TRAIL SUITE 200  
City-State-Zip: BOCA RATON FL 33431

Title: MANAGER  
Name: PERELMAN, DEBRA G  
Address: C/O COZEN O'CONNOR  
1801 N. MILITARY TRAIL SUITE 200  
City-State-Zip: BOCA RATON FL 33431

Title: AUTHORIZED MEMBER  
Name: RONALD O. PERELMAN TRUST FOR  
THE PERELMAN FAMILY TRUST  
COMPANY  
Address: C/O COZEN O'CONNOR  
1801 N. MILITARY TRAIL SUITE 200  
City-State-Zip: BOCA RATON FL 33431

Title: MANAGER  
Name: PFTC FL MANAGER, LLC  
Address: C/O COZEN O'CONNOR  
1801 N. MILITARY TRAIL SUITE 200  
City-State-Zip: BOCA RATON FL 33431

Title: VP  
Name: MAMMONE, EDWARD  
Address: 31 E. 62ND STREET  
City-State-Zip: NEW YORK NY 10065

*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:** DEBRA G. PERELMAN

**MANAGER**

**02/13/2026**

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

\_\_\_\_\_  
Date