

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000205372

FILED
Jan 14, 2020
Secretary of State
8180877763CC

Entity Name: PERELMAN FAMILY TRUST COMPANY, LLC

Current Principal Place of Business:

C/O COZEN O'CONNOR P.C.
ONE NORTH CLEMATIS STREET, SUITE 510
WEST PALM BEACH, FL 33401

Current Mailing Address:

C/O COZEN O'CONNOR P.C.
ONE NORTH CLEMATIS STREET, SUITE 510
WEST PALM BEACH, FL 33401 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 PERELMEN, RONALD O
Address C/O COZEN O'CONNOR P.C.
 2400 WEST EMPIRE AVE 2ND FL
City-State-Zip: BURBANK CA 91504

Title MANAGER
Name PERELMAN, DEBRA G
Address C/O COZEN O'CONNOR P.C.
 ONE NORTH CLEMATIS STREET,
 SUITE 510
City-State-Zip: WEST PALM BEACH FL 33401

Title MANAGER
Name ELLIOTT, D. SCOTT
Address C/O COZEN O'CONNOR P.C.
 ONE NORTH CLEMATIS STREET,
 SUITE 510
City-State-Zip: WEST PALM BEACH FL 33401

Title AUTHORIZED SIGNER
Name INGBER, ADAM
Address C/O COZEN O'CONNOR P.C.
 ONE NORTH CLEMATIS STREET,
 SUITE 510
City-State-Zip: WEST PALM BEACH FL 33401

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: INGBER, ADAM

PRESIDENT

01/14/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date