

2025 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L17000205372

FILED
Apr 25, 2025
Secretary of State
5125863423CC

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

04/25/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date