### 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: JERMAINE MCGEE

Electronic Signature of Signing Authorized Person(s) Detail

# DOCUMENT# L17000257631

#### Entity Name: PERFECT IMPERFECTIONS PHOTOGRAPHY LLC

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

#### **Current Principal Place of Business:**

4723 W TRILBY AVENUE TAMPA, FL 33616

#### **Current Mailing Address:**

4723 W TRILBY AVENUE TAMPA, FL 33616 US

#### FEI Number: 82-3733735

## Name and Address of Current Registered Agent:

MCGEE, JERMAINE D 4723 W TRILBY AVENUE TAMPA, FL 33616 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: JERMAINE MCGEE

Electronic Signature of Registered Agent

#### Authorized Person(s) Detail :

Title MGR Name MCGEE, JERMAINE D Address 6250 SOUTH MARTINDALE AVENUE City-State-Zip: TAMPA FL 33611

OWNER

Certificate of Status Desired: No

02/01/2021

Date

#### FILED Feb 01, 2021 Secretary of State 0537150996CC

02/01/2021 Date