

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000216830

**Entity Name:** PERCEPTION 360D LLC

**Current Principal Place of Business:**

3891 N PINE ISLAND RD  
APT 6305  
SUNRISE, FL 33351

**Current Mailing Address:**

3891 N PINE ISLAND RD  
APT 6305  
SUNRISE, FL 33351 US

**FEI Number:** 84-3139122

**Certificate of Status Desired:** Yes

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

BARBOZA, MARIA I  
3891 N PINE ISLAND RD  
APT 6305  
SUNRISE, FL 33351 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 DIRECTOR  
Name BARBOZA, MARIA ISABEL  
Address 3891 N PINE ISLAND RD  
APT 6305  
City-State-Zip: SUNRISE FL 33351

*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:** MARIA BARBOZA

02/21/2022

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

\_\_\_\_\_  
Date