

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000394722

**Entity Name:** PERKSIS LLC**Current Principal Place of Business:**400 NORTH ASHLEY DRIVE  
RIVERGATE TOWER 1900  
TAMPA, FL 33602**Current Mailing Address:**400 NORTH ASHLEY DRIVE  
RIVERGATE TOWER 1900  
TAMPA, FL 33602 US**FEI Number:** 85-4356350**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**PERRY, JEFFREY ALAN  
400 NORTH ASHLEY DRIVE  
RIVERGATE TOWER 1900  
TAMPA, FL 33602 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:** JEFFREY ALAN PERRY

04/29/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	MGR
Name	PERRY, JEFFREY ALAN
Address	400 NORTH ASHLEY DRIVE RIVERGATE TOWER 1900
City-State-Zip:	TAMPA FL 33602

Title	AUTHORIZED MEMBER
Name	PERRY, JENNIFER ANN
Address	400 NORTH ASHLEY DRIVE RIVERGATE TOWER 1900
City-State-Zip:	TAMPA FL 33602

Title	AUTHORIZED MEMBER
Name	PERRY, JORDAN AARON
Address	400 NORTH ASHLEY DRIVE RIVERGATE TOWER 1900
City-State-Zip:	TAMPA FL 33602

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:** JEFFREY ALAN PERRY

MANAGING MEMBER

04/29/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date