

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000331559

**Entity Name:** PERRY SCHMIDT LAKE HOUSE LLC

**Current Principal Place of Business:**

111 BULL POND LANE  
HAWTHORNE, FL 32640

**Current Mailing Address:**

111 BULL POND LANE  
HAWTHORNE, FL 32640 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

SCHMIDT, NICKOLAUS  
4515 SW 105 DR  
GAINESVILLE, FL 32608 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           | MGR                  | Title           | MGR                  |
| Name            | SCHMIDT, NICKOLAUS   | Name            | PERRY, WARREN        |
| Address         | 4515 SW 105 DR       | Address         | 2505 NW 71ST PLACE   |
| City-State-Zip: | GAINESVILLE FL 32608 | City-State-Zip: | GAINESVILLE FL 32653 |

*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:** WARREN K PERRY

**MANAGER**

**04/21/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date