

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000120405

FILED
Mar 18, 2008
Secretary of State

Entity Name: PERFECT MANAGEMENT, LLC

Current Principal Place of Business:

710 SOUTH MADISON AVE. SUTIE 104
CLEARWATER, FL 33756

New Principal Place of Business:

710 SOUTH MADISON AVE. SUITE 104
CLEARWATER, FL 33756

Current Mailing Address:

710 SOUTH MADISON AVE. SUTIE 104
CLEARWATER, FL 33756

New Mailing Address:

710 SOUTH MADISON AVE. SUITE 104
CLEARWATER, FL 33756

FEI Number: 56-2548427

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEVARI, EYAL MGR
288 SPOTTIS WOOD COURT
CLEARWATER, FL 33756 US

Name and Address of New Registered Agent:

LEVARI, EYAL MGR
710 SOUTH MADISON AVE. SUITE 104
CLEARWATER, FL 33756 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: EYAL LEVARI

03/18/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: LEVARI, EYAL PRES
Address: 710 SOUTH MADISON AVE. SUTIE 104
City-St-Zip: CLEARWATER, FL 33756

Title: MGRM () Delete
Name: GILBOA, YARIV
Address: 710 SOUTH MADISON AVE. SUTIE 104
City-St-Zip: CLEARWATER, FL 33756

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: YARIV GILBOA

MGRM

03/18/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date