

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000091875

**FILED**  
**Apr 29, 2011**  
**Secretary of State**

**Entity Name:** PERFECT CONNECTION, LLC

**Current Principal Place of Business:**

16850-112 COLLINS AVENUE  
SUITE 237  
SUNNY ISLES BEACH, FL 33160

**New Principal Place of Business:**

16850-112 COLLINS AVENUE  
SUITE # 237  
SUNNY ISLES BEACH, FL 33160

**Current Mailing Address:**

16850-112 COLLINS AVENUE  
SUITE 237  
SUNNY ISLES BEACH, FL 33160

**New Mailing Address:**

16850-112 COLLINS AVENUE  
SUITE # 237  
SUNNY ISLES BEACH, FL 33160

**FEI Number:** 26-3486509

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CAPPARELLI, RICHARD  
16850-112 COLLINS AVENUE  
SUITE 237  
SUNNY ISLES BEACH, FL 33160 US

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

CAPPARELLI, RICHARD  
16850-112 COLLINS AVENUE  
SUITE # 237  
SUNNY ISLES BEACH, FL 33160 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

04/29/2011

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: CAPPARELLI, RICHARD  
Address: 16850-112 COLLINS AVENUE, SUITE # 237  
City-St-Zip: SUNNY ISLES BEACH, FL 33160

Title: MGRM  
Name: LOPATIN, MATT  
Address: 16850-112 COLLINS AVENUE, SUITE # 237  
City-St-Zip: SUNNY ISLES BEACH, FL 33160

I hereby 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: RICHARD CAPPARELLI

MGRM

04/29/2011

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