

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000076537

FILED  
Feb 22, 2011  
Secretary of State

**Entity Name:** AN AFFAIRE PLANNED PERFECTLY LLC

**Current Principal Place of Business:**

18503 PINES BLVD  
SUITE 309  
PEMBROKE PINES, FL 33029

**New Principal Place of Business:**

**Current Mailing Address:**

18503 PINES BLVD  
SUITE 309  
PEMBROKE PINES, FL 33029

**New Mailing Address:**

**FEI Number:** 27-3088194      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

ABC CONSULTING SERVICES GROUP, INC  
16898 SW 16TH ST  
PEMBROKE PINES, FL 33027    US

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

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

**MANAGING MEMBERS/MANAGERS:**

**Title:** P  
**Name:** DUQUE, MAYTE  
**Address:** 11740 SW 9TH CT  
**City-St-Zip:** PEMBROKE PINES, FL 33025

**Title:** VP  
**Name:** MORALES, MERCEDES  
**Address:** 8522 NW 21ST ST  
**City-St-Zip:** CORAL SPRINGS, FL 33071

**Title:** S  
**Name:** MARTIN, ISABEL  
**Address:** 9960 SW 12TH ST  
**City-St-Zip:** PEMBROKE PINES, FL 33025

**Title:** T  
**Name:** MOSLEY, JACQUELINE  
**Address:** 2807 ARCADIA DR  
**City-St-Zip:** MIRAMAR, FL 33023

**Title:** D  
**Name:** MOSLEY, STEVEN  
**Address:** 2807 ARCADIA DR  
**City-St-Zip:** MIRAMAR, FL 33023

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: JACQUELINE MOSLEY      CFO      02/22/2011

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