

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000023177

**Entity Name:** PERFECT BALANCE, LLC

**Current Principal Place of Business:**

2800 PONCE DE LEON BLVD., SUITE 1125  
CORAL GABLES, FL 33134

**Current Mailing Address:**

2800 PONCE DE LEON BLVD., SUITE 1125  
CORAL GABLES, FL 33134

**FEI Number:** 20-2460633

**Certificate of Status Desired:** No

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

SCHERMER, STEVEN J  
2800 PONCE DE LEON BLVD., SUITE 1125  
CORAL GABLES, FL 33134 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  
Name CHAPLIN, HARVEY  
Address 160B NW 163 STREET  
City-State-Zip: MIAMI BEACH FL 33109

*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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** HARVEY R CHAPLIN

MGR

04/25/2013

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date