

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000120405

**Entity Name:** PERFECT MANAGEMENT, LLC

**Current Principal Place of Business:**

21346 SAINT ANDREWS BLVD  
SUITE 161  
BOCA RATON, FL 33433

**Current Mailing Address:**

21346 SAINT ANDREWS BLVD  
SUITE 161  
BOCA RATON, FL 33433

**FEI Number:** 56-2548427

**Certificate of Status Desired:** No

**Name and Address of Current 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

|                 |                               |                 |                               |
|-----------------|-------------------------------|-----------------|-------------------------------|
| Title           | MGRM                          | Title           | MGRM                          |
| Name            | LEVARI, EYAL PRES             | Name            | GILBOA, YARIV                 |
| Address         | 21346 SAINT ANDREWS BLVD #161 | Address         | 21346 SAINT ANDREWS BLVD #161 |
| City-State-Zip: | BOCA RATON FL 33433           | City-State-Zip: | BOCA RATON FL 33433           |

*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:** YARIV GILBOA

MGRM

02/18/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date