

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000104098

**Entity Name:** A PERFECT REMODELING TOUCH LLC**Current Principal Place of Business:**1540 SE ROYAL GREEN CIRCLE APT I206  
PORT ST. LUCIE, FL 34952**Current Mailing Address:**3166 VIA POINCIANA UNIT 1  
LAKE WORTH, FL 33467 US**FEI Number:** 26-3673574**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**VANEGAS, NATALIA ANDREA  
1540 SE ROYAL GREEN CIRCLE APT I206  
PORT ST. LUCIE, FL 34952 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
Name	VANEGAS, NATALIA ANDREA
Address	1540 SE ROYAL GEEEN CIRCLE APT I206
City-State-Zip:	PORT ST. LUCIE FL 34952

Title	MGRM
Name	MUNOZ, HERNAN DARIO
Address	1540 SE ROYAL GREEN CIRCLE APT I206
City-State-Zip:	PORT ST. LUCIE FL 34952

Title	MGR
Name	UMANA, RONALD
Address	3166 VIA POINCIANA, UNIT 2
City-State-Zip:	LAKE WORTH FL 33467

*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:** NATALIA ANDREA VANEGAS**MANAGING MEMBER****04/30/2013**\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail\_\_\_\_\_  
Date