## **FILED** 2002 UNIFORM BUSINESS REPORT (UBR) Apr 30, 2002 8:00 am Secretary of State DOCUMENT # L0100007290 1. Entity Name 04-30-2002 90010 016 \*\*\*\*50.00 PERFECT PAYROLL, LLC Principal Place of Business Mailing Address 13880 WHITE GARDENIA WAY 13880 WHITE GARDENIA WAY FORT MYERS FL 32912 FORT MYERS FL 32912 946335 2. Principal Place of Business 3. Mailing Address 3880 (Uh Ite GARCOMA JAMP Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number 65-1165245 Applied For Not Applicable Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SCHNEIDER, ROBIN K Street Address (P.O. Box Number is Not Acceptable) 13880 WHITE GARDENIA WAY FORT MYERS FL 32912 City Zip Code 8. The above named entity sub nits this statement for the purpose of ng its registered office or registered agent, or both, in the State of Florida SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME Schneiden NAME STREET ADDRESS so white Coardonia STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition

I hereby certify that the information experies with this filing does no quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 of the receiver or trustee empowered the execute his report as required by Chapter 608, Florida Statutes.

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

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Delete

01/02 941.463-7333

☐ Change

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