

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

503254900002
9/8/2003-90076-002-\$50.00-\$50.00

united

DOCUMENT # L02000021256

1. Entity Name
P3: PERFECT PROFESSIONAL PLANNING, LLC



FILED

2003 OCT 24 AM 8:59

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



☐ CHECK HERE IF MAKING CHANGES

Principal Place of Business
**1825 HEATHER AVENUE
TAMPA FL 33612**

Mailing Address
**1825 HEATHER AVENUE
TAMPA FL 33612**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
PO Box 82723
Suite, Apt. #, etc.

City & State
Tampa FL

Zip
33682

Country
USA

4. FEI Number
59-3733225

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent
**DICKERSON, M. JOSEPH
C/O DICKERSON LAW FIRM
2020 WEST BRANDON BLVD., SUITE 206
BRANDON FL 33511**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Demene C. Benjamin** (NOTE: Registered Agent signature required when reinstating) DATE **8/25/03**

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 24, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE MG/CEO	<input type="checkbox"/> Delete
NAME DEMENE C Benjamin	
STREET ADDRESS 2264A Marsh Wren Dr	
CITY-ST-ZIP Land O Lakes, FL 34639	
TITLE MG/FO	<input type="checkbox"/> Delete
NAME Rodney D. Benjamin	
STREET ADDRESS 2264A Marsh Wren Dr	
CITY-ST-ZIP Land O Lakes, FL 34639	
TITLE N/A	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

10. ADDITIONS/CHANGES

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. I hereby certify that the information supplied with this filing does not qualify 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 or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: **Demene C. Benjamin** DATE: **8/25/03** DAYTIME PHONE: **813-334-6006**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

CR2E083 (4/03)