

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 24, 2007 08:00 A
Secretary of State

DOCUMENT # L03000032579

1. Entity Name
ABSOLUTE PERFECTION LIMOUSINE SERVICE, LLC



Principal Place of Business
8220 SW 44TH TERR
GAINESVILLE, FL 32608

Mailing Address
8220 SW 44TH TERR
GAINESVILLE, FL 32608



01222007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
06-1707359

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

JOHNS, JEREMIAH F
8220 SW 44TH TERR
GAINESVILLE, FL 32608

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGR
JOHNS, JEREMIAH F
8220 SW 44TH TERR
GAINESVILLE, FL 32608

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGR
JOHNS, JEREMIAH F
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0000000601138
01/26/07-80037-011 50.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

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

1-22-2007

Date

352-514-8822

Daytime Phone #