

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000032579

FILED
Feb 17, 2009
Secretary of State

Entity Name: ABSOLUTE PERFECTION LIMOUSINE SERVICE, LLC

Current Principal Place of Business:

3205 SW 40TH BLVD
SUITE C
GAINESVILLE, FL 32608

New Principal Place of Business:

Current Mailing Address:

PO BOX 141586
GAINESVILLE, FL 32614

New Mailing Address:

FEI Number: 06-1707359

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JOHNS, JEREMIAH F
5745 SW 75TH STREET
#313
GAINESVILLE, FL 32608 US

Name and Address of New Registered Agent:

JOHNS, JEREMIAH F
8220 SW 44TH TERRACE
GAINESVILLE, FL 32608 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: JEREMIAH JOHNS

02/17/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: JOHNS, JEREMIAH F
Address: 5745 SW 75TH STREET #313
City-St-Zip: GAINESVILLE, FL 32608

Title: MGRM () Delete
Name: JOHNS, JEREMIAH F
Address: 5745 SW 75TH STREET #313
City-St-Zip: GAINESVILLE, FL 32608

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: JOHNS, JEREMIAH F
Address: 8220 SW 44TH TERRACE
City-St-Zip: GAINESVILLE, FL 32608

Title: MGRM (X) Change () Addition
Name: JOHNS, JEREMIAH F
Address: 8220 SW 44TH TERRACE
City-St-Zip: GAINESVILLE, FL 32608

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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.

SIGNATURE: JEREMIAH JOHNS

MGRM

02/17/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date