

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000032579

**FILED**  
**Apr 18, 2011**  
**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  
8220 SW 44TH TERRACE  
GAINESVILLE, FL 32608 US

**Name and Address of New Registered Agent:**

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

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR  
**Name:** JOHNS, JEREMIAH F  
**Address:** 8220 SW 44TH TERRACE  
**City-St-Zip:** GAINESVILLE, FL 32608

**Title:** MGRM  
**Name:** JOHNS, JEREMIAH F  
**Address:** 8220 SW 44TH TERRACE  
**City-St-Zip:** GAINESVILLE, FL 32608

I hereby 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

04/18/2011

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