

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 19, 2008 08:00 AM
Secretary of State

DOCUMENT # L03000033660 1. Entity Name PERKINS DIRECT STEP, LLC	
--	---

Principal Place of Business 2575 CASE ROAD LABELLE, FL 33935	Mailing Address P.O. BOX 1278 LABELLE, FL 33975
--	---

DO NOT WRITE IN THIS SPACE



02132008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 61-1457070	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

PERKINS, DANNY W
2575 CASE ROAD
LABELLE, FL 33935

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PERKINS, DANNY W 2575 CASE ROAD LABELLE, FL 33935
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PERKINS, DEBORAH D 2575 CASE ROAD LABELLE, FL 33935
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000832942
02/27/08-80080-007 138.75

**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: *Deborah Perkins* ^{MGRM} **DEBORAH PERKINS** 2-13-08 863-675-3006

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #