2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 23, 2004 8:00 am
Secretary of State
04-07-2004 90352 014 ****50.00

DOCUMENT # L03000039754

1. Entity Name
THE PERFECT PIECE, LLC

Principal Place of Business	Mailing Address
4152 WEST BLUE HERON BLVD STE.112 RIVIERA BEACH FL 33404	4152 WEST BLUE HERON BLVD STE.112 RIVIERA BEACH FL 33404

MOORE CR2E083 (11/03)

2. Principal Place of Business	3. Mailing Address
1090 JUPITER PK DR	1090 JUPITER PK DR
Suite, Apt. #, etc. #102	Suite, Apt. #, etc. #102
City & State JUPITER, FL	City & State JUPITER, FL
Zip 33458 Country USA	Zip 33458 Country USA

4. FEI Number 04-3778926 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SIMMONS, LAUREN R
~~4152 WEST BLUE HERON BLVD~~
~~STE.112~~
~~RIVIERA BEACH FL 33404~~

7. Name and Address of New Registered Agent

Name SIMMONS, LAUREN R
Street Address (P.O. Box Number is Not Acceptable) 1090 JUPITER PK DR
STE 201
City JUPITER 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 Lauren R Simmons · Pres. 3/5/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE PRESIDENT NAME LAUREN R. SIMMONS. STREET ADDRESS 1090 JUPITER PARK DR, #102 CITY-ST-ZIP JUPITER, FL 33458	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: Lauren R Simmons · Pres. 3/5/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #