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2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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03082004 Chg-LLC CR2E083 (10/03) 8/18

DOCUMENT # L03000048298

1. Entity Name
DONE TO PERFECTION, LLC

Principal Place of Business	Mailing Address
2670 TROPICAIRE BLVD. NORTH PORT, FL 34286 US	2670 TROPICAIRE BLVD. NORTH PORT, FL 34286 US

2. Principal Place of Business		3. Mailing Address	
1887 Mova Street		1887 Mova St.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Sarasota, Florida		City & State: Sarasota, FL	
Zip: 34231	Country: USA	Zip: 34231	Country: USA

4. FEI Number 06-1708546 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

~~LAPERRIERE, ERICA J~~
~~2670 TROPICAIRE BLVD.~~
~~NORTH PORT, FL 34286~~
1887 Mova Street
Sarasota, FL 34231

7. Name and Address of New Registered Agent

Name: Joseph LaPerriere
Street Address (P.O. Box Number is Not Acceptable): 1887 Mova Street
City: Sarasota FL Zip Code: 34231

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] 4-19-04
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, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LAPERRIERE, JOSEPH A V 2670 TROPICAIRE BLVD. NORTH PORT, FL 34286	☐ 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
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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: [signature] 3-8-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #