





2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 19, 2005 8:00 am
Secretary of State

04-19-2005 90018 028 ****50.00

DOCUMENT # L03000048298					
1. Entity Name DONE TO PERFECTION, LLC					
Principal Place of Business 1887 MOVA STREET SARASOTA, FL 34231 US			Mailing Address 1887 MOVA STREET SARASOTA, FL 34231 US		
2. Principal Place of Business 2670 Tropicana Blvd		3. Mailing Address 2670 Tropicana Blvd			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04082005 Chg-LLC CR2E083 (10/03)	
City & State North Port FL		City & State North Port FL		4. FEI Number 06-1708546	
Zip 34286		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent LAPERRIERE, JOSEPH 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) 2670 Tropicana Blvd		
			City North Port FL Zip Code 34286		
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 _____					
 Filing Fee is \$50.00 Due by May 1, 2005				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE MGR NAME LAPERRIERE, JOSEPH A V STREET ADDRESS 2670 TROPICAN BLVD. CITY-ST-ZIP NORTH PORT, FL 34286	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:  Joseph LaPerriere Date 4/1/05 Daytime Phone # 941-366-7466					