

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED

Feb 08, 2007 08:00 AM
Secretary of State

DOCUMENT # L03000054191

1. Entity Name

PERFECT SITE CONSTRUCTION SERVICES, LLC



Principal Place of Business

Mailing Address

**12014 FIREMAN'S CANAL DRIVE
CLERMONT FL 34711**

**12014 FIREMAN'S CANAL DRIVE
CLERMONT FL 34711**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0779968

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

1st MOORE

CR2E083 (10/06)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CLARKE, TIM
13150 SUBURBAN TERRACE
WINTER GARDEN FL 34787**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete
NAME CLARKE, TIMOTHY J
STREET ADDRESS 12014 FIREMAN'S CANAL DRIVE
CITY-STATE-ZIP CLERMONT FL 34711

☐ Change ☐ Addition
U000000528018
02/15/07-80084-009 50.00

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 recover or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE

Tim Clarke

2/5/07

352 267 2147

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #