

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 06, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # L03000055454**

1. Entity Name  
**PERKFECTION, LLC**



Principal Place of Business  
**452 PICASSO ROAD  
NOKOMIS, FL 34275**

Mailing Address  
**46 NORTH WASHINGTON BLVD.  
SARASOTA, FL 34236**



02202007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-1084070**

Applied For  
☐ Not Applicable

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

**6. Name and Address of Current Registered Agent**

**LPS CORPORATE SERVICES, INC.  
46 N. WASHINGTON BLVD., SUITE 1  
SARASOTA, FL 34236**

**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 \_\_\_\_\_

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, 2007**

**9. MANAGING MEMBERS/MANAGERS**

|                |                   |
|----------------|-------------------|
| TITLE          | MGRM              |
| NAME           | BAKER, KEVIN      |
| STREET ADDRESS | 452 PICASSO ROAD  |
| CITY-ST-ZIP    | NOKOMIS, FL 34275 |
| TITLE          | MGRM              |
| NAME           | BAKER, CARLA      |
| STREET ADDRESS | 452 PICASSO ROAD  |
| CITY-ST-ZIP    | NOKOMIS, FL 34275 |
| TITLE          |                   |
| NAME           |                   |
| STREET ADDRESS |                   |
| CITY-ST-ZIP    |                   |
| TITLE          |                   |
| NAME           |                   |
| STREET ADDRESS |                   |
| CITY-ST-ZIP    |                   |
| TITLE          |                   |
| NAME           |                   |
| STREET ADDRESS |                   |
| CITY-ST-ZIP    |                   |

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03/14/07-80062-013 50.00

**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:** \_\_\_\_\_

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

**3-1-07**

Date

**941-918-8255**

Daytime Phone #