

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000011552

**FILED**  
**May 01, 2012**  
**Secretary of State**

**Entity Name:** RIGHT PERSPECTIVE DEVELOPMENT GROUP, L.L.C.

**Current Principal Place of Business:**

401 NORTH AVENUE OF THE ARTS (NW 7TH AVE.)  
FT. LAUDERALE, FL 33311

**New Principal Place of Business:**

**Current Mailing Address:**

401 NORTH AVENUE OF THE ARTS (NW 7TH AVE.)  
FLORIDA, FL 33311

**New Mailing Address:**

**FEI Number:** 26-0083321

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BURNADETTE NORRIS-WEEKS, P.A.  
401 NORTH AVENUE OF THE ARTS  
FT. LAUDERALE, FL 33311 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: BURNADETTE NORRIS-WEEKS, P.A.  
Address: 401 NORTH AVENUE OF THE ARTS (NW 7TH AVE.)  
City-St-Zip: FT. LAUDERALE, FL 33311

Title: MGR  
Name: VALERIE KIFFIN LEWIS, P.A.  
Address: 401 NORTH AVENUE OF THE ARTS (NW 7TH AVE.)  
City-St-Zip: FT. LAUDERALE, FL 33311

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: BURNADETTE NORRIS-WEEKS

MGR

05/01/2012

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date