

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Aug 25, 2008 8:00 am**  
**Secretary of State**

08-25-2008 90174 001 \*\*\*138.75  
08-25-2008 90174 002 \*\*\*\*\*5.00

**DOCUMENT # L04000016761**

1. Entity Name  
**PER SE LLC**



Principal Place of Business  
**100 WILDERNESS WAY  
APT. # 249  
NAPLES, FL 34105 US**

Mailing Address  
**100 WILDERNESS WAY  
APT. # 249  
NAPLES, FL 34105 US**

**30011017**



07292008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**33-8500799**

Applied For  
☐ Not Applicable

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

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

**COLLINS, DEENA  
100 WILDERNESS WAY  
SUITE 249  
NAPLES, FL 34105**

**DO NOT WRITE  
IN THIS SPACE**

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

(NOTE: Registered Agent signature required when reinstating)

DATE 8/21/2008

**FILE NOW!!! FEE IS \$138.75  
Due by September 12, 2008**

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGR  
COLLINS, DEENA  
100 WILDERNESS WAY SUITE 249  
NAPLES, FL 34105**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption 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: Deena Collins  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

239.213.340  
8/21/2008