


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jun 02, 2005 8:00 am
Secretary of State

05-02-2005 90114 014 ****50.00

DOCUMENT # L04000022590					
1. Entity Name A PERFECT FOOD COMPANY, LLC					
Principal Place of Business 6920 SW 56TH COURT DAVIE FL 33314			Mailing Address 6920 SW 56TH COURT DAVIE FL 33314		
2. Principal Place of Business 6920 SW 56 Ct			3. Mailing Address 4611 S. University Dr.		
Suite, Apt. #, etc. B			Suite, Apt. #, etc. Ste. 401		
City & State DAVIE, FL			City & State DAVIE, FL		
Zip 33314	Country USA	Zip 33328	Country USA	4. FEI Number 20-0994127	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent PIGNATO, KAREN 6920 SW 56TH COURT DAVIE FL 33314			7. Name and Address of New Registered Agent 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 <u>Karen M. Pignato</u> <u>Karen M. Pignato</u> <u>4-16-05</u> <small>Signature, typed or printed name of registered agent and title is applicable (NOTE: Registered Agent signature required when re-registering) DATE</small>					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Karen Pignato 6920 SW 56 Ct DAVIE, FL 33314 <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	Vice President Laureen Bratek 4681 Kriston Ln. Ponderton, NY 14120 <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: <u>Karen M. Pignato</u> <u>Karen M. Pignato</u> <u>4-16-05</u> <u>954-792-9214</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					

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1st MOORE CR2E083 (10/04)