2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L04000023501

1. Entity Name
PERLAS, LLC

Principal Place of Business	Mailing Address
2312 TIMBERLINE DRIVE	P.O. BOX 33611
MELBOURNE, FL 32934	INDIALANTIC, FL 32903-0611

DO NOT WRITE IN THIS SPACE

01082008 No Chg-LLC   CR2E083 (12/07)

4. FEI Number	Applied For
76-0755497	Not Applicable

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

6. Name and Address of Current Registered Agent

LARKIN, DAVID G
1900 S. HICKORY STREET, STE. A
MELBOURNE, FL 32901

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
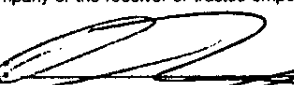
FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

U00000838860
03/05/08-80047-007 138.75

9.   MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	ZIZZO, ANTHONY
STREET ADDRESS	2312 TIMBERLINE DRIVE
CITY-ST-ZIP	MELBOURNE, FL 32934
TITLE	MGRM
NAME	OGGLIARO, JOHN
STREET ADDRESS	PO BOX 33611
CITY-ST-ZIP	INDIALANTIC, FL 32903
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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.

321-751-4201

SIGNATURE: _____ Anthony Zizzo 2/18/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #