

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000043962

FILED
Apr 30, 2005
Secretary of State

Entity Name: THE PERFECT FIT COMPANY, LLC

Current Principal Place of Business:

P.O. BOX 151638
CAPE CORAL, FL 33915 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 151638
CAPE CORAL, FL 33915 US

New Mailing Address:

FEI Number: 80-0112138

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEGALZOOM NEVADA, INC.
44 W. FLAGLER ST.
SUITE 675
MIAMI, FL 33130 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/MEMBERS:

Title: MGRM () Delete
Name: BROWN, THERESA H
Address: 204 37TH AVENUE N., #250
City-St-Zip: ST. PETERSBURG, FL 33704 US

Title: MGRM () Delete
Name: BROWN, SHAWN J
Address: 204 37TH AVENUE N., #250
City-St-Zip: ST. PETERSBURG, FL 33704 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: BROWN, THERESA H
Address: 625 NE 1ST AVEUNE
City-St-Zip: CAPE CORAL, FL 33909 US

Title: MGRM (X) Change () Addition
Name: BROWN, SHAWN J
Address: 625 NE 1ST AVENUE
City-St-Zip: CAPE CORAL, FL 33909 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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: THERESA BROWN

MGR.

04/30/2005

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