

# **2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000082284

**FILED**  
**Feb 20, 2008**  
**Secretary of State**

**Entity Name:** PERFECT SOLUTIONS TRAINING, LLC

**Current Principal Place of Business:**

1000 OSPREY LANDING DRIVE  
LAKELAND, FL 33813 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O.BOX 6331  
LAKELAND, FL 33807 US

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**

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

STEVENS, PAMELA M  
1000 OSPREY LANDING DRIVE  
LAKELAND, FL 33813 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 ( ) Delete  
Name: STEVENS, PAMELA M  
Address: 1000 OSPREY LANDING DRIVE  
City-St-Zip: LAKELAND, FL 33813 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: PAMELA M. STEVENS MGR 02/20/2008

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