

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000039237

Entity Name: PERFECT DESTINY, LLC

FILED  
May 25, 2007  
Secretary of State

## Current Principal Place of Business:

1570 ASHBORO CIR SE  
PALM BAY, FL 32909 US

## New Principal Place of Business:

## Current Mailing Address:

4302 HOLLYWOOD BLVD.  
248  
HOLLYWOOD, FL 33021 US

## New Mailing Address:

1570 ASHBORO CIR SE  
PALM BAY, FL 32909 US

FEI Number: 75-3189853      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

## Name and Address of Current Registered Agent:

RIDGLEY, WILLIAM  
1570 ASHBORO CIR SE  
PALM BAY, FL 32909 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: MGRM ( ) Delete  
Name: RIDGLEY, WILLIAM  
Address: 1570 ASHBORO CIR SE  
City-St-Zip: PALM BAY, FL 32909 US

Title: MGRM ( ) Delete  
Name: RIDGLEY, CHRISTINA  
Address: 1570 ASHBORO CIR SE  
City-St-Zip: PALM BAY, FL 32909 US

## ADDITIONS/CHANGES:

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

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: WILLIAM RIDGLEY

MGRM

05/25/2007

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