

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000039237

Entity Name: PERFECT DESTINY, LLC

FILED
Apr 18, 2009
Secretary of State

Current Principal Place of Business:

311 E. HIBISCUS BLVD.
UNIT 205
MELBOURNE, FL 32901 US

New Principal Place of Business:

Current Mailing Address:

311 E. HIBISCUS BLVD.
UNIT 205
MELBOURNE, FL 32901 US

New Mailing Address:

FEI Number: 75-3189853 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

RIDGLEY, WILLIAM
3849 GARDENWOOD CIR
GRANT, FL 32949 US

Name and Address of New Registered Agent:

RIDGLEY, WILLIAM
4651 BABCOCK ST NE
SUITE 18 BOX 312
PALM BAY, FL 32905 US

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: WILLIAM RIDGLEY

04/18/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: CEO () Delete
Name: RIDGLEY, WILLIAM
Address: 3849 GARDENWOOD CIR
City-St-Zip: GRANT, FL 32949 US

Title: COO () Delete
Name: RIDGLEY, CHRISTINA
Address: 3849 GARDENWOOD CIR
City-St-Zip: GRANT, FL 32949 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: RIDGLEY, WILLIAM PCT
Address: 1508 OAK ST
City-St-Zip: MELBOURNE, FL 32901 US

Title: MGRM (X) Change () Addition
Name: RIDGLEY, CHRISTINA VPS
Address: 1508 OAK ST
City-St-Zip: MELBOURNE, FL 32901 US

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

PCT

04/18/2009

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