


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 30, 2007 8:00 am
Secretary of State

03-30-2007 90034 050 ****50.00

DOCUMENT # L05000050510 1. Entity Name PERFECTIONISTS GARAGE DOOR, LLC					
Principal Place of Business 2157 AVENUE OF THE AMERICAS SUITE 2 ENGLEWOOD, FL 34224 US			Mailing Address 4460 RED BANK EXPRESSWAY SUITE 220 CINCINNATI, OH 45227 US		
2. Principal Place of Business - No P.O. Box # 5055 Pan American Blvd		3. Mailing Address P.O. Box 176			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State North Port, Florida		City & State Placida, Florida		4. FEI Number 20-2878664	
Zip 34287		Country U.S.A.		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent ST. THOMAS, SAMUEL 300 SEABOARD AVENUE, STE. A VENICE, FL 34285		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2392 Torch Court City North Port FL Zip Code 34288			
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 <u><i>Samuel Thomas</i></u> DATE <u>3/10/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ST. THOMAS, SAMUEL 300 SEABOARD AVENUE SUITE A VENICE, FL 34285		TITLE NAME STREET ADDRESS CITY-ST-ZIP	2392 Torch Court North Port, Florida 34288	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CORSER, BRUCE C 1010 EAST ROOKWOOD DRIVE CINCINNATI, OH 45208		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete <input type="checkbox"/>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete <input type="checkbox"/>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete <input type="checkbox"/>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete <input type="checkbox"/>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
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.					
SIGNATURE: <u><i>Samuel Thomas</i></u> DATE <u>3/10/07</u> (513) 721-9600 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					