

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 22, 2007 8:00 am**  
**Secretary of State**

02-22-2007 90277 035 \*\*\*\*50.00

**DOCUMENT # L06000024516**

1. Entity Name  
**A PERFECT PEAR CATERING LLC**



Principal Place of Business  
**113 ESTRELLA RD  
MELBOURNE BEACH, FL 32951**

Mailing Address  
**113 ESTRELLA RD  
MELBOURNE BEACH, FL 32951**

**60017632**



01052007 Chg-LLC CR2E083 (12/06)

4. FEI Number **51-0568783** Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**WILLER, KRISTEN S  
113 ESTRELLA ROAD  
MELBOURNE BEACH, FL 32951**

**7. Name and Address of New Registered Agent**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2007**

**Make check payable to  
Florida Department of State**

**9. MANAGING MEMBERS/MANAGERS**

TITLE **MGR** ☐ Delete  
NAME **WILLER, KRISTEN S**  
STREET ADDRESS **113 ESTRELLA RD**  
CITY-ST-ZIP **MELBOURNE BEACH, FL 32951**

TITLE **MGR** ☐ Delete  
NAME **SHERIDAN, JAMES P III**  
STREET ADDRESS **7025 FLORIDANA AVE**  
CITY-ST-ZIP **MELBOURNE BEACH, FL 32951**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**10. ADDITIONS/CHANGES**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:** *Kristen S Willer* **2/20/07**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #