


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 24, 2008 8:00 am**  
**Secretary of State**

01-24-2008 90070 019 \*\*\*138.75

<b>DOCUMENT # L06000024516</b> 1. Entity Name <b>A PERFECT PEAR CATERING LLC</b>					
Principal Place of Business <b>13 ESTRELLA RD MELBOURNE BEACH, FL 32951</b>			Mailing Address <b>13 ESTRELLA RD MELBOURNE BEACH, FL 32951</b>		
2. Principal Place of Business - No P.O. Box # <i>113 Estrella Rd</i>		3. Mailing Address <i>113 Estrella Rd</i>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>51-0568783</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>WILLER, KRISTEN S 13 ESTRELLA ROAD MELBOURNE BEACH, FL 32951</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <i>113 Estrella Rd</i> City <span style="float: right;"><b>FL</b></span> 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) <small>Signature, typed or printed name of registered agent and title if applicable. DATE</small>					
<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>			<b>Make check payable to Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WILLER, KRISTEN S 13 ESTRELLA RD MELBOURNE BEACH, FL 32951		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>113 Estrella Rd</i>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SHERIDAN, JAMES P III 7025 FLORIDANA AVE MELBOURNE BEACH, FL 32951		TITLE NAME STREET ADDRESS CITY-ST-ZIP	[ ] Change [ ] Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[ ] Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	[ ] Change [ ] Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	[ ] Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	[ ] Change [ ] Addition	
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.					
<b>SIGNATURE:</b> <i>Kristen S. Willer</i>			Date <i>1/19/08</i>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Daytime Phone #</small>		