

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000025183

Entity Name: PERFECT SPOT, LLC

FILED
Feb 19, 2007
Secretary of State

Current Principal Place of Business:

10343 EAST COUNTY HIGHWAY 30A, #C-102
SEACREST BEACH, FL 32413

New Principal Place of Business:

Current Mailing Address:

10343 EAST COUNTY HIGHWAY 30A, #C-102
SEACREST BEACH, FL 32413

New Mailing Address:

FEI Number: 22-3922247

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 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: MGR () Delete
Name: MASSEY, JEFFREY W
Address: 10343 EAST COUNTY HIGHWAY 30A, #C-102
City-St-Zip: SEACREST BEACH, FL 32413

Title: MGR () Delete
Name: MASSEY, JOHN H
Address: 10343 EAST COUNTY HIGHWAY 30A, #C-102
City-St-Zip: SEACREST BEACH, FL 32413

Title: MGR (X) Delete
Name: ALBERDI, TOMMY
Address: 10343 EAST COUNTY HIGHWAY 30A, #C-102
City-St-Zip: SEACREST BEACH, FL 32413

ADDITIONS/CHANGES:

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

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 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: JEFF W. MASSEY

MGR

02/19/2007

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