FILED
Mar 21, 2007 8:00 am
Secretary of State
02-12-2007 90304 040 ****50.00

DOCUMENT # L06000089324

1. Entity Name

A PERFECT SOLUTION, L.L.C.

Principal Place of Business	Mailing Address
5503 W. COLONIAL DR ORLANDO FL 32808	5503 W. COLONIAL DR ORLANDO FL 32808

1st MOORE CR2E083 (10/06)

2. Principal Place of Business No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc		Suite, Apt. #, etc	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 16-1772043 ☐ Applied For ☐ Not Applicable

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

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

HOWELL, PATTI
5503 W. COLONIAL DR
ORLANDO FL 32808

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 ____________
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY ST ZIP	MGR HOWELL, PATTI 5503 W. COLONIAL DR ORLANDO FL 32808	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	MGR member Howell, Patti 5503 W. Colonial Dr Orlando, FL 32808	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Delete	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 Section 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: Patti L Howell Patti L. Howell MGR member 3/14/07 321-228-9695