

# 2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED

2007 JUL 11 AM 8:30

DOCUMENT # L06000089324

1. Entity Name  
A PERFECT SOLUTION, L.L.C.



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

Mailing Address  
5503 W. COLONIAL DR  
ORLANDO, FL 32808

2. Principal Place of Business - No P.O. Box #  
1485 S.O.B.T.  
Suite, Apt. #, etc.

3. Mailing Address  
1485 S.O.B.T.  
Suite, Apt. #, etc.

City & State  
Apopka, Fl.  
Zip  
32703  
Country  
Orange

City & State  
Apopka, Fl.  
Zip  
32703  
Country  
Orange

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
7/11/07 060011008 \$55.00  
07052007 Chg-LLC CR2E083 (12/06)

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  
Patti L. Howell  
Street Address (P.O. Box Number is Not Acceptable)  
1332 Sablewood Drive  
City  
Apopka FL Zip Code  
32712

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 Patti L. Howell DATE 6/30/2007  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Amended AR is \$50.00

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HOWELL, PATTI 5503 W. COLONIAL DR ORLANDO, FL 32808 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1332 Sablewood Drive Apopka, FL 32712
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: Patti L. Howell Date 7/1/2007 Daytime Phone # 321-228-9685  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

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