


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jul 30, 2008 8:00 am**  
**Secretary of State**

07-30-2008 90009 016 \*\*\*138.75

<b>DOCUMENT # L06000089324</b>	
1. Entity Name <b>A PERFECT SOLUTION, L.L.C.</b>	

Principal Place of Business <b>1485 S.O.B.T. APOPKA, FL 32703</b>	Mailing Address <b>1485 S.O.B.T. APOPKA, FL 32703</b>
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2. Principal Place of Business - No P.O. Box # <b>1332 Sablewood Dr</b>	3. Mailing Address <b>1332 Sablewood Dr</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Apopka, FL</b>	City & State <b>Apopka, FL</b>
Zip <b>32712</b>	Zip <b>32712</b>
Country <b>Orange</b>	Country <b>Orange</b>

**60045930**



07272008 Chg-LLC CR2E083 (12/06)

4. FEI Number <b>16-1772043</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>HOWELL, PATTI L 1332 SABLEWOOD DRIVE APOPKA, FL 32712</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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)	DATE
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<b>FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008</b>	In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM HOWELL, PATTI 1332 SABLEWOOD DRIVE APOPKA, FL 32712</b> <input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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>Patti L Howell</i>	<b>7/25/08</b>	<b>321-228-9685</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Date	Daytime Phone #