2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # L07000001663

1. Entity Name

PERFECT HOMES, LLC

FILED

08 AUG 25 AM 8:49

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business	Mailing Address
2832 LAKE JOSEPHINE DRIVE SEBRING FL 33875	2832 LAKE JOSEPHINE DRIVE SEBRING FL 33875

2nd MOORE CR2E083 (4/08)

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 ☐ Applied For ☑ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
RETTERER, MICHAEL K 2832 LAKE JOSEPHINE DRIVE SEBRING FL 33875	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 _____ (NOTE: Registered Agent signature required when changing) DATE

FILE NOW!!! FEE IS $538.75
Make Check Payable to Florida Department of State
Due By September 3, 2008

S 607.193(2)(d), F.S., allows for the waiver of the $400.00 late fee. By checking this box, the limited liability company certifies it did not receive prior notice. Fee to file is $138.75 ☑

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MANAGING Member Michael K Retterer 2832 Lake Josephine Dr. Sebring FL 33875 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	U00000954131 07/10/08-80012-019 138.75 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	L. SELLERS ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AUG 26 2008 EXAMINED ☐ 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

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: Michael K. Retterer Michael K. Retterer 7-7-08 (863) 381-9624

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #