

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000024907

Entity Name: PROOF PERFECT, LLC

**FILED**  
**Feb 28, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

3540 SOMERSET CIRCLE  
KISSIMMEE, FL 34746

**New Principal Place of Business:**

**Current Mailing Address:**

3540 SOMERSET CIRCLE  
KISSIMMEE, FL 34746

**New Mailing Address:**

FEI Number: 20-8577429

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HOSKINS & BARBERY  
1321 E. IRLO BRONSON MEMORIAL HIGHWAY  
ST. CLOUD, FL 34771 US

**Name and Address of New Registered Agent:**

HOSKINS, QUIROS, OSBORNE, LABEAUME CPA  
1321 E. IRLO BRONSON MEMORIAL HIGHWAY  
ST. CLOUD, FL 34771 US

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: RUSSELL HOSKINS

02/28/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: NASELLO, EDWARD R  
Address: 3540 SOMERSET CIRCLE  
City-St-Zip: KISSIMMEE, FL 34746

I hereby 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: EDWARD R. NASELLO

MGRM

02/28/2012

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