

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

FILED
Sep 03, 2008 8:00 am
Secretary of State

09-03-2008 90045 025 ***138.75

DOCUMENT # L07000029893

1. Entity Name

PAUL'S PERFECT TOUCH, LLC.



Principal Place of Business

1415 MAIN ST
#433
DUNEDIN FL 34698
US

Mailing Address

1415 MAIN ST
#433
DUNEDIN FL 34698
US



2. Principal Place of Business - No P.O. Box #

1415 MAIN ST

Suite, Apt. #, etc.

#10

3. Mailing Address

1415 MAIN ST

Suite, Apt. #, etc.

#10

City & State

Dunedin FL

City & State

Dunedin FL

Zip
34698-6203

Country
USA

Zip
34698-6203

Country
USA

4. FEI Number

#20-8675937

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

1st MOORE

CR2E083 (10/07)

6. Name and Address of Current Registered Agent

TREMPE, PAUL
1415 MAIN ST
#433
DUNEDIN FL 34698

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)

DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008, Fee Will Be \$538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGRM
TREMPE, PAUL
1415 MAIN ST, #433
DUNEDIN FL 34698

☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGRM
TREMPE, PAUL
1415 MAIN ST #10
Dunedin, FL 34698

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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☐ 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: *Paul E. Trempe* **PAUL E. Trempe**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING-MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Registered Office #

ATTACHMENT

50009961-
#L07-000629893

I am Filing This Report Late Due To
An Address Change .. I Received the Report ?
Form Late.

It there is still A Late Filing Fee
Please Inform me AND I'll Remit it
Immediately

Respectfully

Paul Jones