

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000033508

FILED
Apr 28, 2009
Secretary of State

Entity Name: PEARLY EDGE LIMITED LIABILITY COMPANY

Current Principal Place of Business:

2327 SOUTH FEDERAL HIGHWAY
FT. PIERCE, FL 34982

New Principal Place of Business:

Current Mailing Address:

2327 SOUTH FEDERAL HIGHWAY
FT. PIERCE, FL 34982

New Mailing Address:

FEI Number: 20-8743213

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

STINSON, BRIAN
2327 SOUTH FEDERAL HIGHWAY
FORT PIERCE, FL 34982 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: GRAY, SHARON
Address: 2327 S US HWY 1
City-St-Zip: FT. PIERCE, FL 34982

Title: MGRM () Delete
Name: CLAYTON, ARLENE
Address: 2327 S US HWY 1
City-St-Zip: FT. PIERCE, FL 34982

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change () Addition
Name: CLAYTON, ARLENE
Address: 2327 S US HWY 1
City-St-Zip: FT. PIERCE, FL 34982

Title: MGRM () Change (X) Addition
Name: RHODES, JEVON
Address: 2327 S US HWY 1
City-St-Zip: FORT PIERCE, FL 34982

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: BRIAN STINSON

R.A.

04/28/2009

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