

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000042577

FILED  
Apr 21, 2009  
Secretary of State

Entity Name: PURR FECTION LLC

**Current Principal Place of Business:**

3594 SOUTH OCEAN BLVD  
HIGHLAND BEACH, FL 33487

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 645  
BOCA RATON, FL 33429

**New Mailing Address:**

FEI Number: 20-8915854

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

JERRY LIZZO JR  
3594 SOUTH OCEAN BLVD  
HIGHLAND BEACH, FL 33487 US

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

MICHAEL RAGOONATH & ASSOC INC  
200 KNUTH ROAD SUITE 218  
BOYNTON BEACH, FL 33436 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: MRAGOONATH

04/21/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: JERRY, LIZZO  
Address: 3594 SOUTH OCEAN BLVD  
City-St-Zip: HIGHLAND BEACH, FL 33487

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

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: LIZZO, GERALD  
Address: 3594 SOUTH OCEAN BLVD  
City-St-Zip: HIGHLAND BEACH, FL 33487

Title: MGR ( ) Change (X) Addition  
Name: LIZZO JR, GERALD  
Address: 3594 SOUTH OCEAN BLVD  
City-St-Zip: HIGHLAND BEACH, FL 33436

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: GERALD LIZZO

MGR

04/21/2009

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