


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

FILED
Feb 14, 2008 8:00 am
Secretary of State

02-14-2008 90071 041 ***138.75

DOCUMENT # L07000068775	
1. Entity Name A PERFECT TOUCH CLEANING, LLC	

Principal Place of Business 10126 HOOP CT. PORT RICHEY FL 34668 US	Mailing Address 14704 AUBREY AVE SPRINGHILL FL 34610 US
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2. Principal Place of Business - No P.O. Box # 10126 Hoop CT	3. Mailing Address 10126 Hoop CT
Suite, Apt. #, etc. Port Richey	Suite, Apt. #, etc. Port Richey
City & State Florida	City & State Florida
Zip 34668	Zip 34668
Country USA	Country USA

1st MOORE CR2E083 (10/07)

4. FEI Number 26-0442468	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent SCHULZE, DEBBIE 10126 HOOP CT. PORT RICHEY FL 34668	
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 *Debbie Schulze* DATE *2/4/08*

Signature: typed or printed name of registered agent agent; file if applicable. (NOTE: Registered Agent signature required when reinstating)

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		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SCHULZE, DEBBIE 10126 HOOP CT PORT RICHEY FL 34668 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Debbie Schulze* *2/4/08* *787 861 3275*

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