2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 07, 2008 8:00 am
Secretary of State
04-07-2008 90237 019 ***138.75

DOCUMENT # L07000100181

1. Entity Name
PERFETTI DECORATING LLC

Principal Place of Business	Mailing Address
4573 SE GRAHAM DR. STUART, FL 34997	4573 SE GRAHAM DR. STUART, FL 34997

01172008 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
14724 CANAL VIEW DR	14724 CANAL VIEW DR
Suite, Apt. #, etc.: Suite C	Suite, Apt. #, etc.: Suite C
City & State: DELRAY BEACH FL	City & State: DELRAY BEACH FL
Zip: 33484 Country: USA	Zip: 33484 Country: USA

4. FEI Number: 59-3493782 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PERFETTI, ALFONSO ~~4573 SE GRAHAM DR.~~ 14724 CANAL VIEW DR ~~STUART, FL 34997~~ SUITE C DELRAY BEACH FL 33484	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: Alfonso Perfetti
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			10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR PERFETTI, ALFONSO ~~4573 SE GRAHAM DR.~~ 14724 CANAL VIEW DR SUITE C ~~STUART, FL 34997~~ DELRAY BEACH FL 33484	☐ Delete	☑ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM PERFETTI, ALFONSO III 479 SW LANE HURST PORT ST. LUCIE, FL 34983	☐ Delete	☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	☐ Change	☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: Alfonso Perfetti