

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000055217

FILED
Mar 08, 2009
Secretary of State

Entity Name: A PERFECT JOURNEY LLC

Current Principal Place of Business:

3605 N.W. 115 TERRACE
SUNRISE, FL 33323 US

New Principal Place of Business:

Current Mailing Address:

3605 N.W. 115 TERRACE
SUNRISE, FL 33323 US

New Mailing Address:

FEI Number: 26-3080621

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

UNITED STATES CORPORATION AGENTS, INC.
320 S. FLAMINGO ROAD
347
PEMBROKE PINES, FL 33027 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: KOENIGSBERG, IVAN
Address: 3605 N.W. 115 TERRACE
City-St-Zip: SUNRISE, FL 33323 US

Title: MGR () Delete
Name: KOENIGSBERG, SUSAN
Address: 3605 N.W. 115 TERRACE
City-St-Zip: SUNRISE, FL 33323 US

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

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: KOENIGSBERG, IVAN M MGRM
Address: 3605 N.W. 115 TERRACE
City-St-Zip: SUNRISE, FL 33323 US

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

Title: MGRM () Change (X) Addition
Name: KOENIGSBERG, IVAN M MGRM
Address: 3605 N.W. 115 TERRACE
City-St-Zip: SUNRISE, FL 33323 US

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: IVAN M KOENIGSBERG

MGRM

03/08/2009

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