

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000073264

**FILED**  
**Apr 27, 2011**  
**Secretary of State**

**Entity Name:** A PERFECT PAIR EVENT PLANNING AND COORDINATING LLC

**Current Principal Place of Business:**

9536 PRINCETON SQUARE BLVD S.  
1907  
JACKSONVILLE, FL 32256

**New Principal Place of Business:**

**Current Mailing Address:**

9536 PRINCETON SQUARE BLVD S.  
1907  
JACKSONVILLE, FL 32256

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

GLOVER, STACI L  
9536 PRINCETON SQUARE BLVD S.  
1907  
JACKSONVILLE, FL 32256 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: MGRM  
Name: GLOVER, STACI L  
Address: 9536 PRINCETON SQUARE BLVD S. #1907  
City-St-Zip: JACKSONVILLE, FL 32256

Title: MGR  
Name: GLOVER, CHRIS M  
Address: 9536 PRINCETON SQ BLVD S. #1907  
City-St-Zip: JACKSONVILLE, FL 32256

I hereby 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: STACI GLOVER

MGRM

04/27/2011

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