

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000083436

**FILED**  
**May 03, 2010**  
**Secretary of State**

**Entity Name:** PERO NORTH AMERICA, LLC

**Current Principal Place of Business:**

14095 STATE ROAD 7  
DELRAY BEACH, FL 33446

**New Principal Place of Business:**

**Current Mailing Address:**

14095 STATE ROAD 7  
DELRAY BEACH, FL 33446

**New Mailing Address:**

**FEI Number:** 27-0850241      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

PERO, ANGELA  
14095 STATE ROAD 7  
DELRAY BEACH, FL 33446      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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR  
**Name:** PERO IV, PETER  
**Address:** 14095 STATE ROAD 7  
**City-St-Zip:** DELRAY BEACH, FL 33446 US

**Title:** MGR  
**Name:** PERO, FRANK  
**Address:** 14095 STATE ROAD 7  
**City-St-Zip:** DELRAY BEACH, FL 33446 US

**Title:** MGR  
**Name:** PERO, ANGELA  
**Address:** 14095 STATE ROAD 7  
**City-St-Zip:** DELRAY BEACH, FL 33446 US

**Title:** MGR  
**Name:** PERO, CHARLES  
**Address:** 14095 STATE ROAD 7  
**City-St-Zip:** DELRAY BEACH, FL 33446 US

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:** ANGELA PERO

MGR

05/03/2010

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