

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000108958

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

**Entity Name:** PERFECT ATTENDANCE, LLC

**Current Principal Place of Business:**

400 NORTH ASHLEY DRIVE, SUITE 1500  
TAMPA, FL 33602

**New Principal Place of Business:**

4919 MEMORIAL HIGHWAY  
STE 200  
TAMPA, FL 33634

**Current Mailing Address:**

400 NORTH ASHLEY DRIVE, SUITE 1500  
TAMPA, FL 33602

**New Mailing Address:**

4919 MEMORIAL HIGHWAY  
STE 200  
TAMPA, FL 33634

**FEI Number:** 27-1366808

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FULLER, JEFFREY M  
400 NORTH ASHLEY DRIVE, SUITE 1500  
TAMPA, FL 33602 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: P  
Name: WOLFE, MICHELE  
Address: 4919 MEMORIAL HIGHWAY, STE 200  
City-St-Zip: TAMPA, FL 33634 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: SHERRI L. LAMOUREUX

SUPR

04/27/2011

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