

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000036142

**FILED**  
**Mar 07, 2011**  
**Secretary of State**

**Entity Name:** PERFECTION AND HEALTH LLC

**Current Principal Place of Business:**

2290 SW 37 STREET  
OCALA, FL 34471

**New Principal Place of Business:**

2290 SW 37TH STREET  
OCALA, FL 34471

**Current Mailing Address:**

2290 SW 37 STREET  
OCALA, FL 34471

**New Mailing Address:**

2290 SW 37TH STREET  
OCALA, FL 34471

**FEI Number:** 27-2328543

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MURTHY, SRINIVASA M  
2290 SW 37 STREET  
OCALA, FL 34471 US

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

MURTHY, SRINIVASA M  
2290 SW 37TH STREET  
OCALA, FL 34471 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:**

03/07/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR  
**Name:** MURTHY, SRINIVASA M  
**Address:** 2290 SW 37TH STREET  
**City-St-Zip:** Ocala, FL 34471 US

**Title:** MGR  
**Name:** HUQ, MD. NASIRUL M.D.  
**Address:** 675 SE 47TH LOOP  
**City-St-Zip:** Ocala, FL 34480 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:** MD. NASIRUL HUQ, MD

MGR

03/07/2011

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