

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000083371

FILED  
Mar 30, 2011  
Secretary of State

**Entity Name:** PERSPECTIVE NORTH AMERICA LLC

**Current Principal Place of Business:**

2825 SW 22ND AVE  
STE. 105  
DELRAY BEACH, FL 33445

**New Principal Place of Business:**

4865 47TH PLACE  
VERO BEACH, FL 32967

**Current Mailing Address:**

C/O TAX USA INC 11350 RANDOM HILLS ROAD  
SUITE 800  
FAIRFAX, VA 22030

**New Mailing Address:**

4865 47TH PLACE  
VERO BEACH, FL 32967

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**

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

GALLETS, EUNICE  
2825 SW 22ND AVE.  
STE. 105  
DELRAY BEACH, FL 33445 US

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

INCSMART FLORIDA, INC.  
4865 47TH PLACE  
VERO BEACH, FL 32967 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: DAVID OLIVER

03/30/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: MATTIMOE, SHARON E  
Address: 19 CROOKHAM GROVE  
City-St-Zip: MORPETH , NORTHUMBARLAND, NO NE61 2XF UK

Title: MGRM  
Name: MATTIMOE, PAUL N  
Address: 19 CROOKHAM GROVE  
City-St-Zip: MORPETH , NORTHUMBARLAND, NO NE61 2XF UK

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: MICHAEL LASALA, AUTHORIZED REPRESENTATIVE

AUTH

03/30/2011

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