2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

ANNUAL REPORT							P*** 1 1	-		
DOCUMENT # L11000138476 1. Entity Name							FIL	.ED		
PERFECT GAMES AR CADE, LLC							2012 JUN 12	PM_3	: 14	
Principal Plac	ce of Busines	s	Mailing Address	*	The state of the s	-	SECRETARY			
23172 SANDALFOOT PLAZA DRIVE BOCA RATON, FL 33428-6627			23172 SANDALFOOT PLAZA DRIVE BOCA RATON, FL 33428-6627			1	SECRETARY ALLAHASSE	UF STA	ATE RIDA	
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2. Principal F	Place of Busin	ness - No P.O. Box #	3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			05152012	Chg-LLC	CR2E083	3 (12/11)	
City & State			City & State			4. FEI Number 45- 4	007950)	<u> </u>	olied For Applicable
Zip		Country Zip Country		Coun	try	5. Certificate o	of Status Desired		.00 Addii Required	
6. Name and Address of Current Registered Agent						7. Name and	Address of New Reg	istered Age	nt	
DESMARAIS, DENIS 4321 SW 70TH TERRACE					Name Street Address (P.O. Box Number is Not Acceptable)					
DAVIE, FL					Siled Address (F.O. Box Number is 140) Acceptable)					
					City	· · · · · · · · · · · · · · · · · · ·	· 	FL	Zip Code	<u></u>
8. The above	named entity	y submits this statement fo	or the purpose of changing its	register	 ed office or register	red agent, or both	in the State of Florid	1	illiar with, a	ind accept
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent.										
SIGNATURE Herris Jermarais										
Signature: whead or printed rights of registered agent and title if applicable (NOTE: Registered Agent signature required which relinateding) DAYE										
FILE NOWIII FEE IS \$538:75 Due by September 28, 2012 Make check payable to Florida Department of State										
9.		MANAGING MEMBE	RS/MANAGERS	10.			ADDITIONS/CH			
TITLE	MGRM Delete			TITLE		•			Change	Addition
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NAME CIRCULARDOS				NAME	Į.					İ
STREET ADDRESS CITY-ST-ZIP					T ADDRESS ST-ZIP					
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes, I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under cath; 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: Jeuis Jermarais										
OIGHAT ORE.										
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE DATE E-MAIL ADDRESS										

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