2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 07, 2007 8:00 am
Secretary of State

02-07-2007 90113 046 ****50.00

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02052007 Chg-LLC CR2E083 (12/06)

DOCUMENT # L03000018744

1. Entity Name
A & R PROFESSIONAL SOLUTION LLC

Principal Place of Business	Mailing Address
15970 W STATE RD 84 214 SUNRISE, FL 33326	15970 W STATE RD 84 214 SUNRISE, FL 33326

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
965 N. Nob Hill Rd.	965 N. Nob Hill Rd.
Suite, Apt. #, etc.: 224	Suite, Apt. #, etc.: 224
City & State: PLANTATION FL	City & State: PLANTATION FL
Zip: 33324 Country: USA	Zip: 33324 Country: USA

4. FEI Number: 73-1668969 — Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

MARIA RODRIGUEZ, ANTONIO
15970 W SR 84
STE. 214
SUNRISE, FL 33326

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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 Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: [signature] 2/5/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	MGRM ☐ Delete	TITLE	MGRM ☑ Change ☐ Addition
NAME	MARIA/RODRIGUEZ, ANTONIO	NAME	MARIA/RODRIGUEZ, ANTONIO
STREET ADDRESS	15970 W STATE RD. 84, SUITE 214	STREET ADDRESS	965 N NOB HILL Rd # 224
CITY-ST-ZIP	SUNRISE, FL 33326	CITY-ST-ZIP	PLANTATION FL 33324
TITLE	MGRM ☐ Delete	TITLE	MGRM ☑ Change ☐ Addition
NAME	SARMIENTO, MARIA R	NAME	MARIA/RODRIGUEZ, ANTONIO
STREET ADDRESS	15970 W STATE RD. 84, SUITE 214	STREET ADDRESS	965 N NOB HILL Rd. # 224
CITY-ST-ZIP	SUNRISE, FL 33326	CITY-ST-ZIP	PLANTATION FL 33324
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-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 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: [signature] 2/5/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #