


FILED
Mar 03, 2008 8:00 am
Secretary of State

01-18-2008 90021 014 ***138.75

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L07000103548			
1. Entity Name PRO-SERVICES INTERNATIONAL LLC			
Principal Place of Business 4301 VINELAND ROAD SUITE E-6 ORLANDO, FL 32811		Mailing Address 4301 VINELAND ROAD SUITE E-6 ORLANDO, FL 32811	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
5. Certificate of Status Desired <input type="checkbox"/>		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SOSA-LOZANO, LUIS A. 4301 VINELAND ROAD SUITE E-6 ORLANDO, FL 32811		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 		DATE 1/11/08	
SIGNATURE		DATE	
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SOSA, LUIS A. <input checked="" type="checkbox"/> Delete 4301 VINELAND ROAD, SUITE E-6 ORLANDO, FL 32811	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SOSA-LOZANO LUIS A. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4301 VINELAND RD SUITE E-6 ORLANDO, FL 32811
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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: 		DATE 1/11/08 DAYTIME PHONE # 407-481-8530	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		DATE DAYTIME PHONE #	

30000815



01112008 Chg-LLC CR2E083 (12/06)

4. FEI Number **26-1229398** Applied For Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

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