

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000009771

FILED
Apr 03, 2009
Secretary of State

Entity Name: T PROFESSIONAL SERVICES, LLC

Current Principal Place of Business:

9392 ISLES CAY DRIVE
DELRAY BEACH, FL 33446

New Principal Place of Business:

Current Mailing Address:

9392 ISLES CAY DRIVE
DELRAY BEACH, FL 33446

New Mailing Address:

FEI Number: 26-1835143

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JAY, TUNKEL
9392 ISLES CAY DRIVE
DELRAY BEACH, FL 33446 US

Name and Address of New Registered Agent:

TUNKEL, JAY A
9392 ISLES CAY DRIVE
DELRAY BEACH, FL 33446 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: JAY TUNKEL

04/03/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: JAY, TUNKEL
Address: 9392 ISLES CAY DRIVE
City-St-Zip: DELRAY BEACH, FL 33446

Title: MGRM () Delete
Name: SHARON, MARGULIES
Address: 9392 ISLES CAY DRIVE
City-St-Zip: DELRAY BEACH, FL 33446

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: TUNKEL, JAY A OWNR
Address: 9392 ISLES CAY DRIVE
City-St-Zip: DELRAY BEACH, FL 33446

Title: MGRM (X) Change () Addition
Name: TUNKEL, SHARON M OWNR
Address: 9392 ISLES CAY DRIVE
City-St-Zip: DELRAY BEACH, FL 33446

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: JAY TUNKEL

OWNR

04/03/2009

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