

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000009771

**FILED**  
**Apr 10, 2012**  
**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:**

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

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

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

Title: MGRM  
Name: TUNKEL, SHARON M  
Address: 9392 ISLES CAY DRIVE  
City-St-Zip: DELRAY BEACH, FL 33446

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: JAY A. TUNKEL

MGRM

04/10/2012

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