

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000113458

**FILED**  
**Apr 29, 2014**  
**Secretary of State**  
**CC8955479446**

**Entity Name:** PROFESSIONAL REAL-ESTATE INVESTMENT & DEVELOPMENT ENTERPRISE, LLC

**Current Principal Place of Business:**

330 FIFTH AVENUE  
INDIALANTIC, FL 32903

**Current Mailing Address:**

330 FIFTH AVENUE  
INDIALANTIC, FL 32903 US

**FEI Number:** 20-8105622

**Certificate of Status Desired:** No

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

KANCILIA, JOHN R  
1795 NASA BOULEVARD  
MELBOURNE, FL 32901 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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title MGRM  
Name PHYSICIANS DEVELOPMENT, L.C.  
Address 330 FIFTH AVENUE  
City-State-Zip: INDIALANTIC FL 32903

Title MGRM  
Name LENOCI, MARTIN A  
Address 330 FIFTH AVENUE  
City-State-Zip: INDIALANTIC FL 32903

Title MGRM  
Name NUNES, CHRISTOPHER S  
Address 330 FIFTH AVENUE  
City-State-Zip: INDIALANTIC FL 32903

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

SIGNATURE: MARTIN LENOCI

MGRM

04/29/2014

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date