

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000054248

**FILED**  
**Apr 12, 2013**  
**Secretary of State**  
**CC2403940050**

**Entity Name:** PRO OFFICE SOLUTIONS, LLC

**Current Principal Place of Business:**

12512 W ATLANTIC BLVD  
CORAL SPRINGS, FL 33071

**Current Mailing Address:**

12512 W ATLANTIC BLVD  
CORAL SPRINGS, FL 33071 US

**FEI Number:** 35-2443765

**Certificate of Status Desired:** No

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

BLOCK, DAVID J  
12512 W ATLANTIC BLVD  
CORAL SPRINGS, FL 33071 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 DAVID J. BLOCK, PA  
Address 12512 W ATLANTIC BLVD  
City-State-Zip: CORAL SPRINGS FL 33071

Title MGRM  
Name LOMAD CONSULTING, LLC  
Address 12512 W ATLANTIC BLVD  
City-State-Zip: CORAL SPRINGS FL 33071

Title MGRM  
Name RICKSHEL CONSULTING, LLC  
Address 19498 BLACK OLIVE LANE  
City-State-Zip: BOCA RATON FL 33498

*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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** JASON S. WEISS

MGMR

04/12/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date