

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000114537

**Entity Name:** PROFESSIONAL FINANCIAL PARTNERS, LLC

**Current Principal Place of Business:**

3003 TAMIAMI TRAIL NORTH  
COLLIER PLACE I SUITE 220  
NAPLES, FL 34103

**Current Mailing Address:**

3003 TAMIAMI TRAIL NORTH  
COLLIER PLACE I SUITE 220  
NAPLES, FL 34103 US

**FEI Number:** 46-1001373

**Certificate of Status Desired:** No

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

SALVATORI WOOD BUCKEL CARMICHAEL & LOTTES  
9132 STRADA PLACE, FOURTH FLOOR  
NAPLES, FL 34108 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:** KEVIN CARMICHAEL

01/14/2014

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name EASTMAN, JAMES C  
Address 3003 TAMIAMI TRAIL NORTH  
COLLIER PLACE I SUITE 220  
City-State-Zip: NAPLES FL 34103

*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:** JAMES C. EASTMAN

MGR

01/14/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date