

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000051821

Entity Name: PROFESSIONAL ASSET SOLUTIONS, LLC

Current Principal Place of Business:

4608 N. LOIS AVENUE
TAMPA, FL 33614

Current Mailing Address:

PO BOX 2222
SEFFNER, FL 33583 US

FEI Number: 47-3523776

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

KARA, MARK J
4608 N. LOIS AVENUE
TAMPA, FL 33614 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 KARA, MARK J
Address 1368 SR 574 E (MLK BLVD)
City-State-Zip: SEFFNER FL 33584

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: MARK KARA

MGRM

03/17/2016

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date