

**2017 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

04/07/2017

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

\_\_\_\_\_ Date