

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000017387

**Entity Name:** TSR PROFESSIONAL SERVICES, LLC.

**Current Principal Place of Business:**

418 S. RIVERHILSS DR.  
TAMPA, FL 33617

**Current Mailing Address:**

418 S. RIVERHILSS DR.  
TAMPA, FL 33617

**FEI Number:** 81-5108969

**Certificate of Status Desired:** No

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

SADEGHI, TAGHI M  
418 S. RIVERHILLS DR.  
TAMPA, FL 33617 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 MGT  
Name SADEGHI, TAGHI M  
Address 418 S. RIVERHILLS DR.  
City-State-Zip: TAMPA FL 33617

*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:** TAGHI SADEGHI

**PRESIDENT**

**06/10/2020**

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

\_\_\_\_\_  
Date