

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000022947

**Entity Name:** PROFESSIONAL HOUSING AND LAND LLC**Current Principal Place of Business:**75 N WOODWARD AVE  
#81956  
TALLAHASSEE, FL 32313**Current Mailing Address:**75 N WOODWARD AVE  
#81956  
TALLAHASSEE, FL 32313 US**FEI Number:** 82-1880798**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**KENT, JOSEPH  
75 N WOODWARD AVE  
#81956  
TALLAHASSEE, FL 32313 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 MANAGER  
Name KENT, JOSEPH  
Address 75 N WOODWARD AVE  
#81956  
City-State-Zip: TALLAHASSEE FL 32313

Title AUTHORIZED MEMBER  
Name KENT, MONIKA  
Address 75 N WOODWARD AVE  
#81956  
City-State-Zip: TALLAHASSEE FL 32313

Title AUTHORIZED REPRESENTATIVE  
Name RHODES, STEPHEN  
Address 75 N WOODWARD AVE  
#81956  
City-State-Zip: TALLAHASSEE FL 32313

Title AUTHORIZED REPRESENTATIVE  
Name KENT, RENEE  
Address 75 N WOODWARD AVE  
#81956  
City-State-Zip: TALLAHASSEE FL 32313

Title AUTHORIZED REPRESENTATIVE  
Name TERESA, WRIGHT  
Address P.O. BOX 23425  
City-State-Zip: BARLING AR 72923

Title AUTHORIZED REPRESENTATIVE  
Name LOVING, CARLOS  
Address 75 N WOODWARD AVE  
#81956  
City-State-Zip: TALLAHASSEE FL 32313

Title AUTHORIZED REPRESENTATIVE  
Name TOUSSANT, PEARLETTE  
Address 75 N WOODWARD AVE  
#81956  
City-State-Zip: TALLAHASSEE FL 32313

Title AUTHORIZED REPRESENTATIVE  
Name GERGERICH, WANDA  
Address 75 N WOODWARD AVE  
#81956  
City-State-Zip: TALLAHASSEE FL 32313

*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:** JOSEPH KENT

MANAGER

01/02/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date