

# **2010 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L01000018297

**FILED**  
**Jul 18, 2010**  
**Secretary of State**

**Entity Name:** PROFESSIONAL PRODUCTS AND SERVICES LLC

**Current Principal Place of Business:**

33 NORTH 6TH STREET SUITES 6, 8 AND 10  
HAINES CITY, FL 33844 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 818  
LOUGHMAN, FL 33858 US

**New Mailing Address:**

**FEI Number:** 02-0533872      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

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

HALL, ANTHONY J MR  
515 WHITTIER STREET  
DAVENPORT, FL 33896 US

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

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

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: WISHINSKY, BUNNY M  
Address: 8249 VIA VERONA  
City-St-Zip: ORLANDO, FL 32836 US

Title: MGRM  
Name: HALL, ANTHONY J  
Address: 515 WHITTIER STREET  
City-St-Zip: DAVENPORT, FL 33896 US

Title: MGRM  
Name: WISHINSKY, DAVID H  
Address: 8249 VIA VERONA  
City-St-Zip: ORLANDO, FL 32836 US

I hereby certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: ANTHONY J HALL

MGRM

07/18/2010

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date