

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000011960

FILED
Jun 24, 2009
Secretary of State

Entity Name: PROFESSIONAL CONVEYOR SOUTH, LLC

Current Principal Place of Business:

2886 LANDYN'S CIRCLE
FERNANDINA BEACH, FL 32034

New Principal Place of Business:

Current Mailing Address:

2886 LANDYN'S CIRCLE
FERNANDINA BEACH, FL 32034

New Mailing Address:

FEI Number: 02-0602985 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

WIELAND, TRACY J
2886 LANDYN'S CIRCLE
FERNANDINA BEACH, FL 32034 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

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: WIELAND, TRACY J
Address: PO BOX 15611
City-St-Zip: FERNANDINA BEACH, FL 32035

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM () Change (X) Addition
Name: WIELAND, TRACY J
Address: 2886 LANDYN'S CIRCLE
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: MGRM () Change (X) Addition
Name: WIELAND, TRACY J
Address: 2886 LANDYN'S CIRCLE
City-St-Zip: FERNANDINA BEACH, FL 32034

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Name: WIELAND, TRACY J
Address: 2886 LANDYN'S CIRCLE
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: MGRM () Change (X) Addition
Name: WIELAND153, TRACY J
Address: 2886 LANDYN'S CIRCLE
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: MGRM () Change (X) Addition
Name: WIELAND, TRACY J
Address: 2886 LANDYN'S CIRCLE
City-St-Zip: FERNANDINA BEACH, FL 32034

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: TRACY JANE WIELAND

PRES

06/24/2009

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