2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

Apr 21, 2003 8:00 am Secretary of State DOCUMENT # L02000025367 04-03-2003 90018 019 ****50.00 1. Entity Name PROFESSIONAL PROPERTY SERVICES L.L.C. Principal Place of Business Mailing Address 1246 BAYCREST ORIVE 1246 BAYCREST DRIVE **WESLEY CHAPEL FL 33643** Wesley Chapel FL 33643 3. Mailing Address 2. Principal Place of Business 105 Suite, Apt. #, etc. Suite, Apt. #, etc. **5** CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number A5-0 Not Applicable Country \$5.00-Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PEREZ. DANIEL JR 701 BAYSHORE BLVD., SUITE 202 Street Address (P.O. Box Number is Not Acceptable) TAMPA FL 33606-2743 City Zip Code 8. 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. I am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003 MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES 9. MGR CR2E083 (10/02) ☐ Addition TITLE Defete TITLE Change ROBINSON, PAUL NAME NAME STREET ADDRESS 1246 BAYCREST DRIVE STREET ADDRESS CITY-ST-7P WESLEY CHAPEL FL 33643 CITY-ST-7IP MGR ☐ Addition ☐ Delete TITLE Change Change ROBINSON, HYACINTH MARKE MAME 1246 BAYCREST DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WESLEY CHAPEL FL-33643 CITY-ST-ZIP. MED Change . Addition TITLE ☐ Delete TITI E mechure, elances NAME MCCLURE, CHARLES A TRUSTEE NAME. 160 MENDALDR. 878 (008 160 KENDAL DR., STE 1008 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **LESINGTON VA 24450** CITY-ST-ZIP estugrow va 24450 Change ☐ Addition TITLE ☐ Delete DDF NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITL F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes, I further certify that the information indicated on this report is true and adjurate and that my signature shall have the same legal effect as if made under eath; that I am a managing member or manager of the limited flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

RIZED REPRESENTATIVE

FILED