LIMITED LIABILITY COMPANY **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # 102000031914

1. Entity Name

PROFESSIONAL & TRADE SERVICES, LLC



May 13, 2003 8:00 am Secretary of State 05-13-2003 90013 034 ****50.00

		S. R. T.		
DO NOT WRITE	IN THIS S	PACE		
2. Principal Place of Business 16463 NE 6 Ave. Suite, Apt. #, etc.	3. Mailing Address 1 4 4 6 3 Suite, Apt. #, etc.	ME 6 Ave.	DO NOT WRITE IN THI	
City & State N. Migmi Boach FL	City & State N. Migm	Beach PL	4. FEI Number 37-1450413	Applied For Not Applicable
Zip 33162 Country Country	33162	Country Dende	5. Certificate of Status Desired	\$5.00 Additional Fee Required
	7. Name and Address of Current Registered Agent Name TO T			
DO NOT WRITE IN THIS SPACE				
		City M S	gui F	L Zip Code 7
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	d title if applicable.		DATE	
FEE IS \$50.00 Make Check Payable to Florida Department of State DUE BY MAY 1				
9. MANAGING MEMBER	S/MANAGERS	TITLE		
NAME TEAN J. Augus STREET ADDRESS CITY-ST-ZIP TITLE TEAN J. Augus 16463 NE	Ave. 774	NAME STREET ADDRESS CITY ST-ZIP		
TITLE NAME STREET ADDRESS	vech fe zale	TITLE: NAME -STREET ADDRESS -CITY-ST-ZIP		
CITY-ST-ZIP TITLE NAME STREET ADDRESS		TITLE NAME STREET ADDRESS	DO NOT WE	ITE
CITY-ST-ZIP		TILE NAME	DO NOT WR IN THIS SPA	
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP		
TITLE SAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP		÷
TITLE NAME STREET ADDRESS		TITLE NAME STREET ADDRESS		
CITY-ST-ZIP 11. I hereby certify that the information supplied with the information supplied wi	his filing does not qualify f	CITY-ST-ZIP	ection 119.07(3)(i), Florida Statutes. I further of	certify that the information
The state of the s	······································			shor or manager of the