

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 17, 2004 8:00 am
Secretary of State

03-17-2004 90276 034 ****50.00

DOCUMENT # L03000015165 1. Entity Name PROFESSIONAL SHOPS, LLC					
Principal Place of Business 4041-B NW 37TH PLACE GAINESVILLE, FL 32606			Mailing Address PO BOX 15494 IRVINE, CA 92623		
2. Principal Place of Business Suite, Apt. #, etc. 4041-B NW 37th Place City & State Gainesville, FL Zip 32606		3. Mailing Address Steven M. Chamberlain Suite, Apt. #, etc. 618 NE First Street City & State Gainesville, FL Zip 32601			
Country U.S.A.		Country U.S.A.		4. FEI Number 65-1191718	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent CHAMBERLAIN, STEVEN M 618 NE 1ST ST. GAINESVILLE, FL 32606			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Manager Tony Trikonakis PO Box 15494 Irvine, CA 92623 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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11. I hereby certify that the information supplied with this filing 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 accurate and that my 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.					
Steven M. Chamberlain - Authorized Representative					
SIGNATURE: 			Date: 2/25/04 352-375-8840		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					

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