

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000015165

1. Entity Name
PROFESSIONAL SHOPS, LLC



Principal Place of Business

PO BOX 15494
IRVINE, CA 92623

Mailing Address

PO BOX 15494
IRVINE, CA 92623 US

DO NOT WRITE IN THIS SPACE



03142006No Chg-LLC

CR2E083 (11/05)

4. FEI Number
65-1191718

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CHAMBERLAIN, STEVEN M
618 NE 1ST ST.
GAINESVILLE, FL 32601

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

000000516016
04/29/06-80233-012 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	TRIKOUNAKIS, TONY
STREET ADDRESS	PO BOX 15494
CITY-ST-ZIP	IRVINE, CA 92623

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4-12-06