

# **2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000018873

**FILED**  
**Apr 06, 2005**  
**Secretary of State**

**Entity Name:** PROCESS FOR LESS, LLC

**Current Principal Place of Business:**

16 FAIRWAYS CIRCLE  
PALM COAST, FL 32137

**New Principal Place of Business:**

217 ST. JOE PLAZA DRIVE  
PALM COAST, FL 32164

**Current Mailing Address:**

16 FAIRWAYS CIRCLE  
PALM COAST, FL 32137

**New Mailing Address:**

217 ST. JOE PLAZA DRIVE  
PALM COAST, FL 32164

**FEI Number:** 20-0024809

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KEMMERER, HEATHER M  
4005 GRANDE VISTA BLVD #107  
ST. AUGUSTINE, FL 32084 US

**Name and Address of New Registered Agent:**

KEMMERER, HEATHER M  
16 FAIRWAYS CIRCLE  
PALM COAST, FL 32137 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: HEATHER KEMMERER

04/06/2005

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete  
Name: KEMMERER, HEATHER M  
Address: 16 FAIRWAYS CIRCLE  
City-St-Zip: PALM COAST, FL 32137

**ADDITIONS/CHANGES:**

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: HEATHER KEMMERER

MGRM

04/06/2005

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