

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

5/1

FILED
Jun 30, 2006 8:00 am
Secretary of State

05-01-2006 90038 034 ****50.00

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1. Entity Name
PROFESSIONAL SERVICES GROUP, LLC



Principal Place of Business
**3032 CASTALAIN COURT
NAPLES, FL 34105**

Mailing Address
**3032 CASTALAIN COURT
NAPLES, FL 34105**

30011477



DO NOT WRITE IN THIS SPACE

04032006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
20-0089402

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**KEELEY, PETER L
5551 RIDGEWOOD DRIVE, SUITE 501
GRANT, FRIDKIN, PEARSON, ATHAN & CROWN
NAPLES, FL 34108**

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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

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

Managing Director
NOTE: Registered Agent signature required when changing agent

DATE

6/14/06

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

9. MANAGING MEMBERS/MANAGERS

TITLE
S
NAME
MARINO, ROBERT J
STREET ADDRESS
3032 CASTALAIN COURT
CITY- ST- ZIP
NAPLES, FL 34105

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CITY- ST- ZIP

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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:

Robert J. Marino
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

DATE

Daytime Phone #

6/28/06