

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000042323

FILED
Jan 09, 2007
Secretary of State

Entity Name: WEALTHCARE PROFESSIONALS, LLC

Current Principal Place of Business:

2528 MASON OAKS DRIVE
VALRICO, FL 33594

New Principal Place of Business:

Current Mailing Address:

4316 NEW RIVER HILLS PARKWAY
VALRICO, FL 33594

New Mailing Address:

FEI Number: 20-0365196

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HARRIMAN, MALCOLM B MGRM
2528 MASON OAKS DRIVE
VALRICO, FL 33594 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: HARRIMAN, MALCOLM B
Address: 2528 MASON OAKS DRIVE
City-St-Zip: VALRICO, FL 33594

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

Title: MGR () Change (X) Addition
Name: LUCADANO, LIZADIA R
Address: 4316 NEW RIVER HILLS PARKWAY
City-St-Zip: VALRICO, FL 33594

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: MALCOLM HARRIMAN

MGRM

01/09/2007

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