


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 28, 2008 08:00 AM**  
**Secretary of State**

|  |   |
|--|---|
| DOCUMENT # L04000018215<br>1. Entity Name<br>PROGRESSIVE DIRECTIONS, LLC |  |
|--|---|

|  |  |
|--|--|
| Principal Place of Business<br>12900 44TH STREET NORTH<br>CLEARWATER, FL 33762 | Mailing Address<br>12900 44TH STREET NORTH<br>CLEARWATER, FL 33762 |
|--|--|

**DO NOT WRITE IN THIS SPACE**



04242008No Chg-LLC CR2E083 (12/07)

|   |                                       |
|---|---------------------------------------|
| 4. FEI Number<br>16-1700129                               | Applied For<br>Not Applicable         |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$5.00</b> Additional Fee Required |

6. Name and Address of Current Registered Agent

LIVINGSTON, BRUCE  
 12900 44TH STREET NORTH  
 CLEARWATER, FL 33762

**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) (0A1)

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

U00000924899  
 05/20/08-80005-003 138.75

| 9. MANAGING MEMBERS/MANAGERS                       |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | MGR<br>LIVINGSTON, BRUCE V PRES<br>12900 44TH STREET NORTH<br>CLEARWATER, FL 33762     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | MGR<br>LIVINGSTON, DEIDRA S VPST<br>12900 44TH STREET NORTH<br>CLEARWATER, FL 33762    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | MGRM<br>LIVINGSTON, CHRISTOPHER W D<br>12900 44TH STREET NORTH<br>CLEARWATER, FL 33762 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | MGRM<br>LIVINGSTON, JEFFREY B D<br>12900 44TH STREET NORTH<br>CLEARWATER, FL 33762     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>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:  4-24-08 727-561-9292  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #