


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

DOCUMENT # L04000018215 1. Entity Name PROGRESSIVE DIRECTIONS, LLC	
--	---

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

DO NOT WRITE IN THIS SPACE



04242008No Chg-LLC CR2E083 (12/07)

4. FEI Number 16-1700129	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 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 _____ (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY - ST - ZIP	MGR LIVINGSTON, BRUCE V PRES 12900 44TH STREET NORTH CLEARWATER, FL 33762
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR LIVINGSTON, DEIDRA S VPST 12900 44TH STREET NORTH CLEARWATER, FL 33762
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM LIVINGSTON, CHRISTOPHER W D 12900 44TH STREET NORTH CLEARWATER, FL 33762
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM LIVINGSTON, JEFFREY B D 12900 44TH STREET NORTH CLEARWATER, FL 33762
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

DO NOT WRITE 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:  4-24-08 727-561-9292

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #