

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000022148

FILED
Apr 27, 2007
Secretary of State

Entity Name: PROFESSIONAL PLACEMENT RESOURCES, LLC

Current Principal Place of Business:

333 FIRST STREET NORTH
STE. 200
JACKSONVILLE BEACH, FL 32250

New Principal Place of Business:

Current Mailing Address:

333 FIRST STREET NORTH
STE. 200
JACKSONVILLE BEACH, FL 32250

New Mailing Address:

FEI Number: 20-0899454

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REINHOLD CORPORATION
1845 TOWN CENTER BLVD.
STE 105
ORANGE PARK, FL 32003 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: COOPER, DWIGHT L
Address: 333 1ST STREET NORTH, SUITE 200
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: MGR () Delete
Name: FRIEN, KEITH A
Address: 333 1ST STREET NORTH, SUITE 200
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: MGR () Delete
Name: EGAN, GEORGE M
Address: 1845 TOWN CENTER BLVD. SUITE 105
City-St-Zip: ORANGE PARK, FL 32203

ADDITIONS/CHANGES:

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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: DWIGHT COOPER

MGRM

04/27/2007

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