2008, LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 07, 2008 08:00 A Secretary of State

DOCUMENT # L04000042798 1. Entity Name PROGRESSIVE SOLUTIONS, LLC				Secretary of Sta	
2609 47TH	ce of Business AVENUE N BURG, FL 33714	Mailing Address 2609 47TH AVENUE N ST. PETERSBURG, FL 33714)	
 -					
DO NOT WRITE IN THIS SPACE				02242008 No Chg-LLC CR2E083 (12/07)	
				4. FEI Number Applied For 30-0278521 Not Applicable	
				5. Certificate of Status Desired See Required Fee Required	
	6. Name and Address of Current	Registered Agent			
DEMOND, ELSIE B 2609 47TH AVENUE N.				DO NOT WRITE	
ST. PETERSBURG, FL 33714			IN THIS SPACE		
	e named entity submits this statement for tions of registered agent.	or the purpose of changing its registe	red office or register	red agent, or both, in the State of Florida. I am familiar with, and accept	
SIGNATURE				Unnnn992192 1 Mari reinstating) 04.716.709-970791-005-138-75	
	2 NOWIII FEE IS \$138.75 y 1, 2008 Fee will be \$538.7	5		ñ#\12\\n\$sann31_nno_190*19	
9.	MANAGING MEMB	ERS/MANAGERS	-		
TITLE NAME	PRES DEMOND, ELSIE B				
STREET ADDRESS	2609 47TH AVENUE N.				
CITY-ST-ZIP	ST. PETERSBURG, FL 33714		_[•	
TITLE		··			
NAME Street address				·	
CITY-ST-ZIP			1		
TITLE			1	j	

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 jeceiver or trustee propowers to execute his report as required by Chapter 608, Florida Statutes.

SIGNATURE: .

NAME STREET ADDRESS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

43/08 727-215-71