

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

PENDING
L04000047442

DOCUMENT # L04000047442
1. Entity Name
PROFESSIONAL MARKETING OF LAKE LAND, LC



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 MAY -1 AM 10:45



Principal Place of Business
226 N KENTUCKY AVE
LAKE LAND FL 33801

Mailing Address
226 N KENTUCKY AVE
LAKE LAND FL 33801

2. Principal Place of Business
215 E. Bay St.
Suite, Apt. #, etc.
Suite # 8
City & State
LAKE LAND, FL 33801
Zip
33801

3. Mailing Address
215 E. Bay St.
Suite, Apt. #, etc.
Suite # 8
City & State
LAKE LAND, FL
Zip
33801
Country
USA

1st MOORE CR2E083 (10/05)

FEI Number
20-1387447

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
MATTSON, ARTHUR E
226 N KENTUCKY AVE
LAKE LAND FL 33801

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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 of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

4/13/06
pd 3/1/06

9. MANAGING MEMBERS / MANAGERS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Delete
MGR	MATTSON, ARTHUR E	226 N KENTUCKY AVE	LAKE LAND FL 33801	☐
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Delete
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Delete
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Delete
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Delete
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Delete

10. ADDITIONS / CHANGES

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☒ Change ☐ Addition
	213 E. Bay St.	LAKE LAND, FL 33801		☐
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Change ☐ Addition
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Change ☐ Addition
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Change ☐ Addition
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Change ☐ Addition
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

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

4/13/06 **863-640-4040**
Date Daytime Phone #