

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 22, 2008 8:00 am
Secretary of State

01-22-2008 90122 045 ***138.75

DOCUMENT # L04000065100
 1. Entity Name
 PROSERVE PLUS, LLC



Principal Place of Business: 2328 TENTH AVENUE NORTH SUITE 403 LAKE WORTH, FL 33461
 Mailing Address: 2328 TENTH AVENUE NORTH SUITE 403 LAKE WORTH, FL 33461

60002880



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

01162008 Chg-LLC CR2E083 (12/06)

4. FEI Number: 65-1232799
 Applied For: Not Applicable:

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

6. Name and Address of Current Registered Agent
 KORB, SACHA
 2328 TENTH AVENUE NORTH SUITE 403
 LAKE WORTH, FL 33461

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: *Erica Gold* ERICA GOLD 1/16/08 DATE

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

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE: MGR NAME: KORB, SACHA STREET ADDRESS: 2328 TENTH AVENUE NORTH SUITE 403 CITY-ST-ZIP: LAKE WORTH, FL 33461	<input checked="" type="checkbox"/> Delete
TITLE: MGR MGR NAME: GOLD, ERICA STREET ADDRESS: 2328 TENTH AVENUE NORTH SUITE 403 CITY-ST-ZIP: LAKE WORTH, FL 33461	<input type="checkbox"/> Delete
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: MGR NAME: GOLD, ERICA STREET ADDRESS: 2328 10th Ave. North, Suite 403 CITY-ST-ZIP: LAKE WORTH, FL 33461	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Erica Gold* ERICA GOLD 1/16/08 561.586.0100
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #