2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 23, 2009
Secretary of State

DOCUMENT# L04000068686

Entity Name: HOLIDAY PROFESSIONAL CENTER S.S., LLC

Current Principal Place of Business:

1325 N ATLANTIC AV
COCOA BEACH, FL 32931

New Principal Place of Business:

Current Mailing Address:

16570 NE 35TH AVE
NORTH MIAMI BEACH, FL 33160

New Mailing Address:

FEI Number: 56-2482513 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SUAYA, DAVID
16570 NE 35TH AVE
NMB, FL 33160 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: SUAYA, DAVID
Address: 16570 N.E. 35TH AVE.
City-St-Zip: NORTH MIAMI BEACH, FL 331603817

Title: MGRM ( ) Delete
Name: STINSON, WILLIAM MAYO
Address: 8160 COMPTON WAY
City-St-Zip: MELBOURNE, FL 32940

ADDITIONS/CHANGES:

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: DS MGR 03/23/2009

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