

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000068686

**FILED**  
**Mar 02, 2011**  
**Secretary of State**

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

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

I hereby 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:** DAVID SUAYA

PRES

03/02/2011

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