

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000068686

**FILED**  
**Feb 09, 2012**  
**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:**

8160 COMPTON WAY  
MELBOURNE, FL 32940

**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:**

STINSON, WILLIAM  
8160 COMPTON WAY  
MELBOURNE, FL 32940 US

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: WILLIAM STINSON

02/09/2012

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: WILLIAM STINSON

MGRM

02/09/2012

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