

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 06, 2007 8:00 am**  
**Secretary of State**

03-06-2007 90079 035 \*\*\*\*50.00

**DOCUMENT # L04000090987**

1. Entity Name  
**EXECUTIVE & PROFESSIONAL MANAGEMENT  
SERVICES, LLC**



Principal Place of Business

100 SOUTH BISCAYNE BLVD., SUITE 1100  
MIAMI, FL 33131

Mailing Address

100 SOUTH BISCAYNE BLVD., SUITE 1100  
MIAMI, FL 33131

**DO NOT WRITE IN THIS SPACE**



01162007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number  
**20-2038504**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

HOLLO, JEROME  
100 SOUTH BISCAYNE BLVD., SUITE 1100  
MIAMI, FL 33131

**DO NOT WRITE  
IN THIS SPACE**

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
HOLLO, TIBOR  
100 SOUTH BISCAYNE BLVD., SUITE 1100  
MIAMI, FL 33131

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
HOLLO, WAYNE  
100 S BISCAYNE BLVD  
MIAMI, FL 33131

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
HOLLO, JEROME  
100 S BISCAYNE BLVD  
MIAMI, FL 33131

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
BAER, STEVE  
100 S BISCAYNE BLVD  
MIAMI, FL 33131

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
KATZ, LEONARD  
100 S BISCAYNE BLVD  
MIAMI, FL 33131

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

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:**

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

Date

Daytime Phone #

065-220