

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 07, 2007 08:00 A
Secretary of State

DOCUMENT # L05000004893

1. Entity Name

CONSOLIDATED PROFESSIONAL RESOURCES LIMITED
LIABILITY COMPANY



Principal Place of Business

17644 S/W 9TH STREET
PEMBROKE PINES, FL 33029

Mailing Address

17644 S/W 9TH STREET
PEMBROKE PINES, FL 33029



04032007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

84-1667489

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

BAKER, KEVIN S
17644 S/W 9TH STREET
PEMBROKE PINES, FL 33029

**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
BAKER, KEVIN S
17644 S/W 9TH STREET
PEMBROKE PINES, FL 33029

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
BAKER, DIANA
17644 S/W 9TH STREET
PEMBROKE PINES, FL 33029

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
COMFORT, CHRIS H
803 CHEROKEE DR.
LIVERMORE, CA 94551

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000762300
05/29/07-80002-015 50.00

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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 #

5/1/07

409-247-5933