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Secretary of State
04-17-2006 90055 006 ****50.00

30011824

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000017248

1. Entity Name
PELLETIER'S PROFESSIONAL PROPERTY SERVICES, LLC

Principal Place of Business	Mailing Address
1116 HORIZON ROAD VENICE, FL 34293 US	P.O. BOX 972 VENICE, FL 34284 US

01042006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business	3. Mailing Address
435 Alligator Drive	
Suite, Apt. #, etc. Venice FL	Suite, Apt. #, etc.
City & State	City & State
Zip 34293 Country Sarasota	Zip Country

4. FEI Number — ☐ Applied For ☒ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PELLETIER, GILBERT G 1116 HORIZON ROAD VENICE, FL 34293	Name Street Address (P.O. Box Number is Not Acceptable) 435 Alligator Drive City Venice FL Zip Code 34293

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 my position or designation.

SIGNATURE [signature] 4/11/06
(Signature, type or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when changing) Date

Filing Fee is $50.00 Due by May 1, 2006

State check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete ~~MGRMBR~~	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete PRESIDENT GILBERT G. PELLETIER 935 ALLIGATOR DRIVE	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete VENICE FL. 34293 07-05-06	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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, trustee or court appointed fiduciary signing this report as required by Chapter 608, Florida Statutes.

SIGNATURE: [signature] 4/11/06
(SIGNATURE, TYPE OR PRINTED NAME OF MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE) Date Daytime Phone #