2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

08-28-2006 90108 002 ****55.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L05000042376

1. Entity Name
PROFESSIONAL SCREENING, LLC

Principal Place of Business	Mailing Address
12107 FRED DR. RIVER VIEW FL 33569	12107 FRED DR. RIVER VIEW FL 33569

2nd MOORE CR2E083 (4/06)

2. Principal Place of Business	3. Mailing Address
12107 FRED DR	12107 FRED DR
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Riverview Fla	City & State: Riverview Fla
Zip: 33569 Country: Hills	Zip: 33569 Country: Hills

4. FEI Number: 20-2851866 ☐ 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
LEDFORD, RUSS 12107 FRED DR RIVER VIEW FL 33569	Name: Russ Ledford Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By September 8, 2006

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR LEDFORD, RUSS 12107 FRED DR RIVER VIEW FL 33569	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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DIVISION OF CORPORATIONS
SECRETARY OF STATE

REINSTATEMENT 2006

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, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #