

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000055820

FILED  
Jul 20, 2009  
Secretary of State

**Entity Name:** PROGRESSIVE MOBILITY CONSULTANTS, LLC

**Current Principal Place of Business:**

4142 ROWAN RD.  
NEW PORT RICHEY, FL 34653

**New Principal Place of Business:**

**Current Mailing Address:**

4142 ROWAN RD.  
NEW PORT RICHEY, FL 34653

**New Mailing Address:**

FEI Number: 20-2950949      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

PFOST, TROY  
9327 BRIDLEWOOD DRIVE  
NEW PORT RICHEY, FL 34654      US

**Name and Address of New Registered Agent:**

PFOST, TROY S OWNER  
9327 BRIDLEWOOD DRIVE  
NEW PORT RICHEY, FL 34654      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: TROY S PFOST

07/20/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM      ( ) Delete  
Name: PFOST, TROY  
Address: 9327 BRIDLEWOOD DRIVE  
City-St-Zip: NEW PORT RICHEY, FL 34654 US

**ADDITIONS/CHANGES:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: TROY S. PFOST

MGRM

07/20/2009

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