

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000057468

FILED
Apr 30, 2008
Secretary of State

Entity Name: ROSS PROFESSIONAL SERVICES, LLC

Current Principal Place of Business:

4304 LEE BLVD
LEHIGH ACRES, FL 33971

New Principal Place of Business:

Current Mailing Address:

10523 BELLA VISTA DRIVE
FORT MYERS, FL 33913

New Mailing Address:

FEI Number: 20-2996185

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TERZO, THOMAS S
10523 BELLA VISTA DRIVE
FORT MYERS, FL 33913 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MCGETTRICK, GARY
Address: 2268 WEST END COURT
City-St-Zip: LEHIGH ACRES, FL 33971

Title: MGRM () Delete
Name: TERZO, THOMAS S
Address: 10523 BELLA VISTA DRIVE
City-St-Zip: FORT MYERS, FL 33913

Title: MGRM () Delete
Name: HERMAN, CAROLYN
Address: 18391 FICHTERS CREEK LANE
City-St-Zip: ALVA, FL 33920

Title: MGRM () Delete
Name: FRY, THOMAS C JR
Address: 2436 PARK ROAD
City-St-Zip: LEHIGH, FL 33971

Title: MGRM () Delete
Name: SIMONS, LARRY A
Address: 5364 MALALUKA CT
City-St-Zip: CAPE CORAL, FL 33904

ADDITIONS/CHANGES:

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

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

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

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

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: LARRY A SIMONS

MGRM

04/30/2008

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