

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000060511

FILED
May 15, 2006
Secretary of State

Entity Name: PROFESSIONAL RESPONSE OPERATIONS, LLC

Current Principal Place of Business:

412 WASHINGTON AVE
OLDSMAR, FL 34677

New Principal Place of Business:

405 JEFFERSON AVE
OLDSMAR, FL 34677

Current Mailing Address:

412 WASHINGTON AVE
OLDSMAR, FL 34677

New Mailing Address:

405 JEFFERSON AVE
OLDSMAR, FL 34677

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **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:

AIELLO, JOSEPH
412 WASHINGTON AVE
OLDSMAR, FL 34677 US

Name and Address of New Registered Agent:

AIELLO, JOSEPH
405 JEFFERSON AVE
OLDSMAR, FL 34677 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: JOSEPH AIELLO

05/15/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR () Change (X) Addition
Name: AIELLO, JOSEPH
Address: 405 JEFFERSON AVE
City-St-Zip: OLDSMAR, FL 34677

I hereby certify that the information supplied with this filing does not qualify for the 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: JOSEPH AIELLO

MGR

05/15/2006

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