

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000074397

FILED  
May 01, 2009  
Secretary of State

**Entity Name:** PROPERTY PROBLEM SOLVERS LLC

**Current Principal Place of Business:**

509 SOUTH CHICKASAW TRAIL  
SUITE #102  
ORLANDO, FL 32825 US

**New Principal Place of Business:**

**Current Mailing Address:**

509 SOUTH CHICKASAW TRAIL  
SUITE #102  
ORLANDO, FL 32825 US

**New Mailing Address:**

FEI Number: 20-3218034      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:**

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

ENGEL, MELINDA  
1881 SOUTH HWY 17/92  
LONGWOOD, FL 32750 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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: REALE, SUSANNA L  
Address: 509 SOUTH CHICKASAW TRAIL SUITE# 102  
City-St-Zip: ORLANDO, FL 32825 US

Title: MGR ( ) Delete  
Name: REALE, MAURICIO C  
Address: 509 SOUTH CHICKASAW TRAIL SUITE# 102  
City-St-Zip: ORLANDO, FL 32825 US

**ADDITIONS/CHANGES:**

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: MAURICIO C REALE

MNG

05/01/2009

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