

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 13, 2006 8:00 am
Secretary of State

03-30-2006 90194 016 ****50.00

DOCUMENT # L05000077648 1. Entity Name BUSINESS DEVELOPMENT PROFESSIONALS, LLC					
Principal Place of Business P.O. BOX 372855 SATELLITE BEACH, FL 32937			Mailing Address P.O. BOX 372855 SATELLITE BEACH, FL 32937		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEL Number 20-3266456 Applied For Not Applicable					
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent JACKSON, AMY 608 GRANT CT. SATELLITE BEACH, FL 32937			7. Name and Address of New Registered Agent Name Amy B. Van Fossen, P.A. Street Address (P.O. Box Number is Not Acceptable) 476 Hwy A1A, Suite 3A City Satellite Beach FL Zip Code 32937		
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 DATE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing)					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WF ACCOUNTING, INC. ☐ Delete P.O. BOX 372855 SATELLITE BEACH, FL 32937		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR AMY V. JACKSON, P.A. ☐ Delete P.O. BOX 372185 SATELLITE BEACH, FL 32937		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Amy B. Van Fossen ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TMA ENTERPRISES OF BREVARD, INC. ☐ Delete 2662 BRADFORDT DRIVE W. MELBOURNE, FL 32904		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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:			Date 3-23-06		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					