

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000094025

FILED  
Apr 30, 2009  
Secretary of State

**Entity Name:** PROFESSIONAL SOLUTIONS, LLC

**Current Principal Place of Business:**

3650 NW 111 AVE  
SUNRISE, FL 33351

**New Principal Place of Business:**

6412 N. UNIVERSITY DRIVE  
SUITE 126  
TAMARAC, FL 33321

**Current Mailing Address:**

3650 NW 111 AVE  
SUNRISE, FL 33351

**New Mailing Address:**

**FEI Number:** 20-3532258      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

PARRA, INGRID  
3650 NW 111 AVENUE  
SUNRISE, FL 33351      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: PARRA, INGRID  
Address: 3650 NW 111TH AVENUE  
City-St-Zip: SUNRISE, FL 33351

**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: INGRID PARRA

MGRM

04/30/2009

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