

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L05000097022 1. Entity Name PROFESSIONAL PROPERTY MANAGEMENT SERVICES, LLC			
Principal Place of Business 1607 S ALEXANDER ST STE 102 PLANT CITY, FL 33563		Mailing Address PO BOX 3566 PLANT CITY, FL 33563	
2. Principal Place of Business 1501 S. Alexander St.		3. Mailing Address Suite, Apt. #, etc. Suite 101	
City & State Plant City, FL		City & State Plant City, FL	
Zip 33563		Zip 33563	
Country USA		Country USA	
4. Certificate of Status Desired ☐ \$5.00 Additional Fee Required		5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent MCGRATH, GAIL C 1607 S ALEXANDER ST STE 102 PLANT CITY, FL 33563 1501 S. Alexander St., Suite 101		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City State FL Zip Code	
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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering)			
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	MGRM MCGRATH, GAIL C PO BOX 3566 PLANT CITY, FL 33563	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete ☐ Change ☐ Addition
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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: <u>Jay C. McGrath</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			