


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 07, 2008 8:00 am**  
**Secretary of State**

04-07-2008 90234 034 \*\*\*138.75

<b>DOCUMENT # L05000097022</b> 1. Entity Name <b>PROFESSIONAL PROPERTY MANAGEMENT SERVICES, LLC</b>					
Principal Place of Business <b>1501 S ALEXANDER ST STE 103 PLANT CITY, FL 33563</b>			Mailing Address <b>PO BOX 3566 PLANT CITY, FL 33563</b>		
2. Principal Place of Business - No P.O. Box # <b>1507 S. Alexander St.</b>		3. Mailing Address Suite, Apt. #, etc. <b>103</b>			
City & State <b>Plant City, FL</b>		City & State <b>Plant City, FL</b>		4. FEI Number <b>02-0756005</b>	
Zip <b>33563</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>MCGRATH, GAIL C 1501 S ALEXANDER ST STE 103 PLANT CITY, FL 33563</b>			7. Name and Address of New Registered Agent Name <b>Gail Calhoun</b> Street Address (P.O. Box Number is Not Acceptable) <b>1507 S. Alexander St.</b> <b>Ste. 103</b> City <b>Plant City</b> <b>FL</b> Zip Code <b>33563</b>		
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 <u><i>Gail Calhoun</i></u> DATE <b>4/2/08</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>			<b>Make check payable to Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM MCGRATH, GAIL C PO BOX 3566 PLANT CITY, FL 33563</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM Gail Calhoun 1507 S. Alexander St., Ste 103 Plant City, FL 33563</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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.					
<b>SIGNATURE: <u><i>Gail Calhoun</i></u></b>			<b>4/2/08</b>		<b>813-747-1128</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date</small>		<small>Daytime Phone #</small>