

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000105345

**FILED**  
**Apr 30, 2011**  
**Secretary of State**

**Entity Name:** PROFESSIONAL FINANCIAL SERVICES, L.L.C.

**Current Principal Place of Business:**

110 MADEIRA AVENUE  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

**Current Mailing Address:**

110 MADEIRA AVENUE  
CORAL GABLES, FL 33134

**New Mailing Address:**

**FEI Number:** 20-3777023

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FUENTES, TERESITA  
2431 SW 21 TERRACE  
MIAMI, FL 33145 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: D  
Name: FUENTES, TERESITA  
Address: 2431 SW 21 TERRACE  
City-St-Zip: MIAMI, FL 33145

I hereby 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: TERESITA FUENTES

D

04/30/2011

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