2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# L06000008701

Entity Name: POSITIVE PROBATE SOLUTIONS, LLC

Current Principal Place of Business:

P.O. BOX 15443
TAMPA, FL 33684

New Principal Place of Business:

6748 RALSTON BEACH CIRCLE
TAMPA, FL 33614

Current Mailing Address:

P.O. BOX 15443
TAMPA, FL 33684

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TOWNSEND, DAVID A ESQ
C/O TOWNSEND & BRANNON
608 WEST HORATIO STREET
TAMPA, FL 33606 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: REAM, W. SCOTT
Address: P.O. BOX 15443
City-St-Zip: TAMPA, FL 33684

Title: MGRM ( ) Delete
Name: REAM, MARIE M
Address: P.O. BOX 15443
City-St-Zip: TAMPA, FL 33684

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: W. SCOTT REAM MGRM 04/30/2009

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