

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000008701

**FILED**  
**Apr 26, 2012**  
**Secretary of State**

**Entity Name:** POSITIVE PROBATE SOLUTIONS, LLC

**Current Principal Place of Business:**

6124 GANNETWOOD PLACE  
LITHIA, FL 33547

**New Principal Place of Business:**

**Current Mailing Address:**

6124 GANNETWOOD PLACE  
LITHIA, FL 33547

**New Mailing Address:**

**FEI Number:** 76-0814993

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**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  
**Name:** REAM, W. SCOTT  
**Address:** 6124 GANNETWOOD PLACE  
**City-St-Zip:** LITHIA, FL 33547

**Title:** MGRM  
**Name:** REAM, MARIE M  
**Address:** 6124 GANNETWOOD PLACE  
**City-St-Zip:** LITHIA, FL 33547

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:** W. SCOTT REAM

MGRM

04/26/2012

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