

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000029120

FILED  
Apr 30, 2007  
Secretary of State

Entity Name: LIMITED PROFESSIONAL SERVICES LLC

**Current Principal Place of Business:**

4701 GRANTS MILL DR  
LYNN HAVEN, FL 32444

**New Principal Place of Business:**

1600 ILLINOIS AVE  
LYNN HAVEN, FL 32444

**Current Mailing Address:**

4701 GRANTS MILL DR  
LYNN HAVEN, FL 32444

**New Mailing Address:**

P.O. BOX 864  
LYNN HAVEN, FL 32444

FEI Number: 20-2518789

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CHERYL LYNN DALY  
4701 GRANTS MILL DR  
LYNN HAVEN, FL 32444 US

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

DALY, CHERYL L MGRM  
1600 ILLINOIS AVE  
LYNN HAVEN, FL 32444 US

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: CHERYL LYNN DALY

04/30/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: CHERYL LYNN DALY,  
Address: 4701 GRANTS MILL DR  
City-St-Zip: LYNN HAVEN, FL 32444

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: CHERYL LYNN DALY,  
Address: 1600 ILLINOIS AVE  
City-St-Zip: LYNN HAVEN, FL 32444

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: CHERYL LYNN DALY

MGRM

04/30/2007

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