

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000056090

FILED  
Mar 15, 2010  
Secretary of State

**Entity Name:** FELTEN PROFESSIONAL ADJUSTMENT TEAM, LLC

**Current Principal Place of Business:**

18639 AUTUMN LAKE BLVD.  
HUDSON, FL 34667 US

**New Principal Place of Business:**

12303 KATHERWOOD ST  
SPRING HILL, FL 34608 US

**Current Mailing Address:**

P.O.BOX 3977  
SPRING HILL, FL 34611 US

**New Mailing Address:**

FEI Number: 20-5005451      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

COLLIER, JAMES H SR  
14055 TENNYSON DRIVE  
HUDSON, FL 34667 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: PRES  
Name: FELTEN, BRADLEY H PARTNER  
Address: 12303 KATHERWOOD ST  
City-St-Zip: SPRING HILL, FL 34608 US

Title: VP  
Name: PHILIP, FRANCO PARTNER  
Address: 5021 WATERSIDE DR  
City-St-Zip: PORT RICHEY, FL 34668

Title: PRTN  
Name: FELTEN, JOHN PARTNER  
Address: 18639 AUTUMN LAKE BLVD  
City-St-Zip: HUDSON, FL 34667

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: BRADLEY FELTEN      PRES      03/15/2010

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