

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000059817

FILED  
Jun 10, 2008  
Secretary of State

Entity Name: PROFESSIONAL SOLUTIONS TEAM LLC

## Current Principal Place of Business:

5448 HOFFNER RD  
108  
ORLANDO, FL 32812

## New Principal Place of Business:

## Current Mailing Address:

5448 HOFFNER RD  
108  
ORLANDO, FL 32812

## New Mailing Address:

FEI Number: 20-5039792      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

## Name and Address of Current Registered Agent:

ABRAHAM, HECTOR D  
907 HACIENDA CIR  
KISSIMMEE, FL 34741      US

## Name and Address of New Registered Agent:

ABRAHAM, HECTOR D  
4415 S. SEMORAN BLVD. APT 1  
ORLANDO, FL 32822      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: HECTOR D ABRAHAM

06/10/2008

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR      ( ) Delete  
Name: ABRAHAM, HECTOR D  
Address: 907 HACIENDA CIR  
City-St-Zip: KISSIMMEE, FL 34741

Title: MGR      ( ) Delete  
Name: MORALES, MARIO J  
Address: 5448 HOFFNER RD SUITE 108  
City-St-Zip: ORLANDO, FL 32812

Title:      ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES:

Title: MGR      (X) Change ( ) Addition  
Name: ABRAHAM, HECTOR D  
Address: 4415 S. SEMORAN BLVD. APT 1  
City-St-Zip: ORLANDO, FL 32822 US

Title: MGR      (X) Change ( ) Addition  
Name: MORALES, MARIO J  
Address: 5448 HOFFNER RD SUITE 108  
City-St-Zip: ORLANDO, FL 32812 US

Title: MGR      ( ) Change (X) Addition  
Name: FERNANDEZ, ALICIA S  
Address: 4415 S. SEMORAN BLVD APT1  
City-St-Zip: ORLANDO, FL 32822 US

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: HECTOR D. ABRAHAM

MGR

06/10/2008

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