2009 LIMITED LIABILITY COMPANY

FILED :00 AN tate

ANNUAL REPORT				May 16, 2008 08: Secretary of Secretary	
DOCU	MENT # L0600006	2762	4	Secretary of S	
1. Entity Name PROFESSIONAL SATELLITE OF NWF LLC					
Principal Place of Business 2875 PARRISH STILL RD VERNON, FL 32462 Mailing Address 2875 PARRISH STILL RD VERNON, FL 32462 VERNON, FL 32462		2875 PARRISH STILL RD			
DO NOT WRITE IN THIS SPACE			CE	05152008 No Chg-LLC	CR2E083 (12/07)
		•		20-5064559 5. Certificate of Status Desire	Not Applicable
HALL, KRYSTAL 2875 PARRISH STILL RD VERNON, FL 32462			DO NOT WRITE IN THIS SPACE		
the obligat	named entity submits this statementions of registered agent. Signature, typed of printed name of registered agent. E NOWIII FEE IS \$138.75 by September 12, 2008	Hall Kr	uStal L adagent signature required 193(2)(b), F.S., th	d whon re-instating) te limited	of Florida. I am familiar with, and accept 5 -15 -08
9.	MANAGING MEN	MBERS/MANAGERS	T,		,
TITLE. NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	MGRM HALL, TRAVIS 2875 PARRIS STILL RD VERNON, FL 32462		_	U0 06/04	0000951798 /08-80052-008 138.75
STREET ADDRESS CITY-ST-ZIP				•	
NAME STREET ADDRESS CITY - ST - ZIP			DO NOT WRITE		
TITLE NAME STREET ADDRESS CITY: ST- ZIP				IN THIS S	SPACE
TITLE NAME STREET ADDRESS CITY-S1-ZIP					
TITLE NAME				,	

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: # 1/4/4 TO A CONTRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

STREET ADDRESS CITY-ST-ZIP

5-15-08 850-535-2511