

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000087115

FILED  
May 04, 2009  
Secretary of State

Entity Name: PROMOW SERVICES L.L.C.

**Current Principal Place of Business:**

12655 SE OLD CYPRESS DRIVE  
HOBE SOUND, FL 33455 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 1176  
HOBE SOUND, FL 33475 US

**New Mailing Address:**

FEI Number: 75-3221876      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
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:**

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

FINNEY, ANTHONY  
12655 SE OLD CYPRESS DR.  
HOBE SOUND, FL 33455 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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: FINNEY, ANTHONY  
Address: 12655 SE OLD CYPRESS DR.  
City-St-Zip: HOBE SOUND, FL 33455 US

Title: MGRM ( ) Delete  
Name: FINNEY, LETICIA  
Address: 12655 SE OLD CYPRESS DR  
City-St-Zip: HOBE SOUND, FL 33455 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: LETICIA FINNEY

MRS.

05/04/2009

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