

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000104318

FILED  
Sep 11, 2008  
Secretary of State

**Entity Name:** AFFORDABLE PROFESSIONAL SERVICES, LLC

**Current Principal Place of Business:**

1040 SUMMIT PLACE CIR  
UNIT D  
WEST PALM BEACH, FL 33415 US

**New Principal Place of Business:**

**Current Mailing Address:**

1040 SUMMIT PLACE CIR  
UNIT D  
WEST PALM BEACH, FL 33415 US

**New Mailing Address:**

FEI Number: 20-5761860      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:**

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

PIERRE LOUIS, MYRIONE  
1040 SUMMIT PLACE CIR  
UNIT D  
WEST PALM BEACH, FL 33415 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: PIERRE LOUIS, MYRIONE  
Address: 1040 SUMMIT PLACE CIR #D  
City-St-Zip: WEST PALM BEACH, FL 33415 US

**ADDITIONS/CHANGES:**

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: MYRIONE PIERRE LOUIS

MGRM

09/11/2008

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