2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 13, 2009
Secretary of State

DOCUMENT# L06000104318

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 (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:

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

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

ADDITIONS/CHANGES:

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

Title: MGRM ( ) Change (X) Addition
Name: FRANCOIS, EDA MGRM
Address: 14300 RIZA DEL LAGO DRIVE UNIT 1103 N
City-St-Zip: FORT MYERS, FL 33907 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: MYRIONE PIERRE LOUIS MGRM 08/13/2009

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