

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000107146

Entity Name: E. M. PROFESSIONALS LLC

FILED  
May 01, 2008  
Secretary of State

**Current Principal Place of Business:**

638 GOLDEN SUNSHINE CIRCLE  
ORLANDO, FL 32806

**New Principal Place of Business:**

**Current Mailing Address:**

3939 S. SEMORAN BLVD  
SUITE 278  
ORLANDO, FL 32822

**New Mailing Address:**

FEI Number: 20-5252674      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:**

GONZALEZ, MICHELLE L  
15501 BRUCE B DOWNS BLVD  
APT 1120  
TAMPA, FL 33647 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: GONZALEZ, MICHELLE L  
Address: 15501 BRUCE B DOWNS BLVD #1120  
City-St-Zip: TAMPA, FL 33647

Title: MGRM ( ) Delete  
Name: GONZALEZ, ERLINDA O  
Address: 5222 MYSTIC PT CT  
City-St-Zip: ORLANDO, FL 32812

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: GONZALEZ, MICHELLE L  
Address: 5222 MYSTIC PT  
City-St-Zip: ORLANDO, FL 32812

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: MICHELLE GONZALEZ

MGRM

05/01/2008

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