

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000118387

FILED  
Jan 30, 2009  
Secretary of State

Entity Name: FREEDOM PARALEGAL SERVICES, LLC

**Current Principal Place of Business:**

4290 10TH AVENUE NORTH  
SUITE 103  
LAKE WORTH, FL 33461 US

**New Principal Place of Business:**

**Current Mailing Address:**

4290 10TH AVENUE NORTH  
SUITE 103  
LAKE WORTH, FL 33461

**New Mailing Address:**

FEI Number: 20-8024865

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MCCARTY, JAMES H JR  
2940 SOUTH 25TH STREET  
FORT PIERCE, FL 34981 US

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

ANTICO, PHILIP  
4290 10TH AVE. NORTH  
SUITE 103  
LAKE WORTH, FL 33461 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: PHILIP ANTICO

01/30/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: ANTICO, PHILIP  
Address: 4290 10TH AVENUE NORTH SUITE 103  
City-St-Zip: LAKE WORTH, FL 33461 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: PHILIP ANTICO

MGRM

01/30/2009

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