


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 07, 2008 8:00 am
Secretary of State

05-07-2008 90017 013 ***138.75

DOCUMENT # L06000121161	
1. Entity Name PROFESSIONAL AUTOMOTIVE SERVICES, L.L.C.	

Principal Place of Business 6760 ULMERTON ROAD, UNIT B LARGO, FL 33771	Mailing Address 6760 ULMERTON ROAD, UNIT B LARGO, FL 33771
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2. Principal Place of Business - No P.O. Box # 9225 ULMERTON ROAD	3. Mailing Address 9225 ULMERTON ROAD
Suite, Apt. #, etc. SUITE 308	Suite, Apt. #, etc. SUITE 308
City & State LARGO, FL	City & State LARGO, FL
Zip 33771	Country PINELLAS



04292008 Chg-LLC CR2E083 (12/06)

6. Name and Address of Current Registered Agent CHAMBERS, ROBERT C 6760 ULMERTON ROAD, UNIT B LARGO, FL 33771	
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4. FEI Number 45-0476251	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	Zip Code
FL	

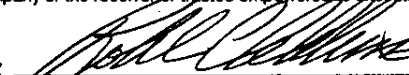
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM CHAMBERS, ROBERT C 21804 MASTERS CIRCLE ESTERO, FL 33928 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	9225 ULMERTON ROAD SUITE 308 LARGO, FL 33771 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:  **ROBERT C CHAMBERS** 4/29/08 (727) 586-3800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #