

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000000271

FILED
May 01, 2009
Secretary of State

Entity Name: PROFESSIONAL ASSISTANT, LLC

Current Principal Place of Business:

4629 KANGAROO STREET
MIDDLEBURG, FL 32068

New Principal Place of Business:

4104 WESTMINSTER DRIVE
SARASOTA, FL 34241

Current Mailing Address:

4629 KANGAROO STREET
MIDDLEBURG, FL 32068

New Mailing Address:

POST OFFICE BOX 52695
SARASOTA, FL 34232

FEI Number: 20-8133150 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:

STILLWAGNER, CHRISTINA A
4629 KANGAROO STREET
MIDDLEBURG, FL 32068 US

Name and Address of New Registered Agent:

STILLWAGNER, CHRISTINA A
4104 WESTMINSTER DRIVE
SARASOTA, FL 34241 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: CHRISTINA STILLWAGNER

05/01/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: STILLWAGNER, CHRISTINA A
Address: 4629 KANGAROO STREET
City-St-Zip: MIDDLEBURG, FL 32068

Title: MGRM () Delete
Name: STILLWAGNER, JUSTIN R
Address: 4629 KANGAROO STREET
City-St-Zip: MIDDLEBURG, FL 32068

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: STILLWAGNER, CHRISTINA A
Address: 4104 WESTMINSTER DRIVE
City-St-Zip: SARASOTA, FL 34241

Title: MGRM (X) Change () Addition
Name: STILLWAGNER, JUSTIN R
Address: 4104 WESTMINSTER DRIVE
City-St-Zip: SARASOTA, FL 34241

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: CHRISTINA STILLWAGNER

MGRM

05/01/2009

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