

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000020302

FILED
Aug 17, 2009
Secretary of State

Entity Name: CL PROFESSIONAL SERVICES LLC

Current Principal Place of Business:

14100 PALMETTO FRONTAGE RD
SUITE 210
MIAMI LAKES, FL 33016

New Principal Place of Business:

14100 PALMETTO FRONTAGE RD
SUITE 111
MIAMI LAKES, FL 33016

Current Mailing Address:

PO BOX 140147
CORAL GABLES, FL 33114

New Mailing Address:

14100 PALMETTO FRONTAGE RD
SUITE 111
MIAMI LAKES, FL 33016

FEI Number: 20-8493229 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:

BURT, LEONARD A
14100 PALMETTO FRONTAGE RD
SUITE 210
MIAMI LAKES, FL 33016 US

Name and Address of New Registered Agent:

ACE FIRE AND SECURITY, INC
14100 PALMETTO FRONTAGE RD
SUITE 111
MIAMI LAKES, FL 33016 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: CARLOS LANDRIAN

08/17/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BURT, LEONARD
Address: P.O. BOX 140147
City-St-Zip: CORAL GABLES, FL 33114 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: LANDRIAN, CARLOS F
Address: 14100 PALMETTO FRONTAGE RD # 111
City-St-Zip: MIAMI LAKES, FL 33016 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: CARLOS LANDRIAN

MGRM

08/17/2009

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