

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L07000035160

1. Entity Name  
PROFESSIONAL REFERRAL SERVICE, L.L.C.



**FILED**  
**Jul 09, 2008 8:00 am**  
**Secretary of State**

07-09-2008 90048 012 \*\*\*138.75

Principal Place of Business  
12805 SW 84TH AVE. RD.  
MIAMI, FL 33156

Mailing Address  
12805 SW 84TH AVE. RD.  
MIAMI, FL 33156



2. Principal Place of Business - No P.O. Box #		3. Mailing Address		07072008 Chg-LLC CR2E083 (12/06)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 26-1808728	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
ROSSZ FIU CORPORATION C/O COHEN FOX P.A. 201 SOUTH BISCAYNE BLVD., SUITE 850 MIAMI, FL 33131		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)		DATE
FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.
		Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR GROSS, HOWARD 12219 SOUTH DIXIE HIGHWAY MIAMI, FL 33156	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR Gross, Howard 12805 SW 84 Ave Road Miami, FL 33156	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Additi
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR TELISMAN, ALAN 12219 SOUTH DIXIE HIGHWAY MIAMI, FL 33156	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR Telisman, Alan 12805 SW 84 Ave Road Miami, FL 33156	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Additi
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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: 7/7/2008  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #