

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000047989

**FILED**  
**May 26, 2010**  
**Secretary of State**

**Entity Name:** L'ANOA PROFESSIONAL SERVICES LLC

**Current Principal Place of Business:**

4872 N CITATION DRIVE  
106  
DELRAY BEACH, FL 33445 US

**New Principal Place of Business:**

97 NW 11TH ST  
BOCA RATON, FL 33432 US

**Current Mailing Address:**

PO BOX 7986  
DELRAY BEACH, FL 33482 US

**New Mailing Address:**

**FEI Number:** 68-0649401      **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:**

MANISCALCO, LORRAINE J  
4872 N CITATION DRIVE  
106  
DELRAY BEACH, FL 33445 US

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

MANISCALCO, LORRAINE J  
97 NW 11TH ST  
BOCA RATON, FL 33432 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: LORRAINE J MANISCALCO

05/26/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** MANISCALCO, LORRAINE J  
**Address:** 97 NW 11TH ST  
**City-St-Zip:** BOCA RATON, FL 33432 US

I hereby 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: LORRAINE MANISCALCO

MGRM

05/26/2010

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