

# **2009 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000052474

**FILED**  
**Apr 21, 2009**  
**Secretary of State**

**Entity Name:** GOLDEN ANGELS PROFESSIONAL SERVICES, LLC

**Current Principal Place of Business:**

579 RUSTLING PINES BLVD  
MIDWAY, FL 32343

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 734  
MIDWAY, FL 32343

**New Mailing Address:**

PO BOX 1230  
QUINCY, FL 32353

**FEI Number:** 35-2356532

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

CLARKE, QUANTARA L  
579 RUSTLING PINES BLVD  
MIDWAY, FL 32343 US

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

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: CLARKE, QUANTARA L  
Address: PO BOX 734  
City-St-Zip: MIDWAY, FL 32343

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: CLARKE, QUANTARA L  
Address: PO BOX 1230  
City-St-Zip: QUINCY, FL 32353

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: QUANTARA CLARKE

MGRM

04/21/2009

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