## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L07000059378

Address:

3577 WILES RD. 103

City-St-Zip: COCOUNUT CREEK, FL 33073

Entity Name: CLB PROFESSIONAL PURCHASING SERVICES LLC

FILED Apr 23, 2008 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:	
1110 NW 7 PLANTATI	'9 DR. ON, FL 33322			
Current Mailing Address:			New Mailing Address:	
1110 NW 7 PLANTATION	'9 DR. ON, FL 33322			
FEI Number:		FEI Number Applied For ( )	FEI Number Not Applicable (X)	Certificate of Status Desired ( )
Name and	Address of Cu	rrent Registered Agent:	Name and Address of New Registered Agent:	
ALVARADO 7451 NW 1 202 PLANTATIO		US		
The above in the State		ıbmits this statement for the p	urpose of changing its registere	ed office or registered agent, or both
SIGNATUR	RE:			
	Electronic	Signature of Registered Age	ent	Date
MANAGING MEMBERS/MANAGERS:			ADDITIONS/CHANGES:	
Title: Name: Address: City-St-Zip:	MGR () E JOSUE, CUEVAS 1110 NW 79 DR. PLANTATION, FL		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition
Title: Name: Address: City-St-Zip:	MGR () E ALVARADO, DAN 7451 NW 16 ST. PLANTATION, FL		Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	MGR () E ARAGONES, MAI 6901 ENVIRON E LAUDERHILL, FL	BLVD. 5B	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name:	MGR (X) [ MELENDEZ, OM/	Delete AR	Title: Name:	( ) Change ( ) Addition

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.

Address:

City-St-Zip:

SIGNATURE: DANIEL ALVARADO MR. 04/23/2008