

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000065284

FILED  
Mar 23, 2009  
Secretary of State

Entity Name: LEIVA PROFESSIONAL SERVICES, LLC.

**Current Principal Place of Business:**

9124 SW 209 TERR  
CUTLER BAY, FL 33189

**New Principal Place of Business:**

**Current Mailing Address:**

9124 SW 209 TERR  
CUTLER BAY, FL 33189

**New Mailing Address:**

FEI Number: 26-0415468

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

MILAGROS LEIVA, IVETTE  
9124 SW 209 TERR  
CUTLER BAY, FL 33189 US

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

LEIVA, JOSE M  
9124 SW 209 TERR  
CUTLER BAY, FL 33189 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: JOSE M. LEIVA

03/23/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: MANUEL LEIVA, JOSE  
Address: 9124 SW 209 TERR  
City-St-Zip: CUTLER BAY, FL 33189

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: P (X) Change ( ) Addition  
Name: LEIVA, JOSE M  
Address: 9124 SW 209 TERR  
City-St-Zip: CUTLER BAY, FL 33189

Title: VP ( ) Change (X) Addition  
Name: LEIVA, IVETTE M  
Address: 9124 SW 209 TERRACE  
City-St-Zip: CUTLER BAY, FL 33189

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: JOSE M. LEIVA

P

03/23/2009

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