

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000076737

FILED  
Jun 29, 2009  
Secretary of State

Entity Name: A/R PROFESSIONAL SERVICES GROUP LLC

**Current Principal Place of Business:**

1691 NW 93RD TERRACE  
PLANTATION, FL 33322 US

**New Principal Place of Business:**

**Current Mailing Address:**

1691 NW 93RD TERRACE  
PLANTATION, FL 33322 US

**New Mailing Address:**

FEI Number: 26-0830516      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:**

CEBALLOS, AUDREY  
1691 NW 93RD TERRACE  
PLANTATION, FL 33322 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: CEBALLOS, AUDREY  
Address: 1691 NW 93RD TERRACE  
City-St-Zip: PLANTATION, FL 33322 US

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

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGRM ( ) Change (X) Addition  
Name: D'ALESSANDRO, ANTHONY  
Address: 10851 TAFT ST  
City-St-Zip: PEMBROKE PINES, FL 33026 US

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: AUDREY CEBALLOS

MGRM

06/29/2009

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