

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000078179

FILED
May 01, 2008
Secretary of State

Entity Name: PROGRESSIVE BUSINESS SOLUTIONS LLC

Current Principal Place of Business:

14583 MILLHOPPER ROAD
JACKSONVILLE, FL 32258

New Principal Place of Business:

5234 OXFORD CREST DRIVE
JACKSONVILLE, FL 32258

Current Mailing Address:

14583 MILLHOPPER ROAD
JACKSONVILLE, FL 32258

New Mailing Address:

5234 OXFORD CREST DRIVE
JACKSONVILLE, FL 32258

FEI Number: 26-0615433 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:

FUSSELL, GABRIELLA
14583 MILLHOPPER ROAD
JACKSONVILLE, FL 32258 US

Name and Address of New Registered Agent:

FUSSELL, GABRIELLA
5234 OXFORD CREST DRIVE
JACKSONVILLE, FL 32258 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: GABRIELLA FUSSELL

05/01/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: FUSSELL, GABRIELLA
Address: 14583 MILLHOPPER ROAD
City-St-Zip: JACKSONVILLE, FL 32258

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: FUSSELL, GABRIELLA
Address: 5234 OXFORD CREST DRIVE
City-St-Zip: JACKSONVILLE, FL 32258

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: GABRIELLA FUSSELL

MGR

05/01/2008

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