

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000082396

FILED
Apr 20, 2008
Secretary of State

Entity Name: TIPPED PROFESSIONAL'S ASSOCIATION LLC

Current Principal Place of Business:

6 MIDDLE RD.
STUART, FL 34996

New Principal Place of Business:

Current Mailing Address:

6 MIDDLE RD.
STUART, FL 34996

New Mailing Address:

FEI Number: 56-2673562

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CLEMENTS, CHRISTY
6 MIDDLE RD.
STUART, FL 34996 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: CLEMENTS, CHRISTY
Address: 6 MIDDLE RD.
City-St-Zip: STUART, FL 34996

Title: MGRM () Delete
Name: CLEMENTS, RICARDO
Address: 6 MIDDLE RD.
City-St-Zip: STUART, FL 34996

Title: MBRM () Delete
Name: HADSALL, RICHARD A JR.
Address: 11 ORTON RD.
City-St-Zip: WEST CALDWELL, NJ 07006

ADDITIONS/CHANGES:

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

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

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

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: CHRISTY CLEMENTS

MGRM

04/20/2008

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