

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000083205

FILED
Jul 23, 2008
Secretary of State

Entity Name: 1 STOP PROFESSIONAL RATES, LLC

Current Principal Place of Business:

19235 GOPHER TRAIL PLACE
LAND O'LAKES, FL 34638

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 270157
TAMPA, FL 336180157

New Mailing Address:

FEI Number: 26-0671780 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:

Name and Address of New Registered Agent:

FARR, NANCY A
19235 GOPHER TRAIL PLACE
LAND O'LAKES, FL 34638 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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: FARR, NANCY A
Address: 19235 GOPHER TRAIL PLACE
City-St-Zip: LAND O'LAKES, FL 34638

Title: MGR () Delete
Name: FARR, CRAIG S
Address: 19235 GOPHER TRAIL PLACE
City-St-Zip: LAND O'LAKES, FL 34638

ADDITIONS/CHANGES:

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: NANCY A FARR

MGRM

07/23/2008

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