

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000100830

**FILED**  
**Feb 28, 2012**  
**Secretary of State**

**Entity Name:** PROFESSIONAL MANAGEMENT & CONSULTANTS GROUP, LLC

**Current Principal Place of Business:**

888 EAST LAS OLAS BLVD.  
508  
FORT LAUDERDALE, FL 33301

**New Principal Place of Business:**

**Current Mailing Address:**

888 EAST LAS OLAS BLVD.  
508  
FORT LAUDERDALE, FL 33301

**New Mailing Address:**

**FEI Number:** 26-1179997

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MICHAEL L FEINSTEIN, P.A.  
888 EAST LAS OLAS BLVD  
700  
FORT LAUDERDALE, FL 33301 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  
Name: WELCH, DAVID A  
Address: 888 EAST LAS OLAS BLVD. STE 508  
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: MGR  
Name: EI, ASHLEY  
Address: 888 EAST LAS OLAS STE  
City-St-Zip: FORT LAUDERDALE, FL 33301

I hereby 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: DAVID A WELCH

MGRM

02/28/2012

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