

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000101867

FILED
Jan 14, 2009
Secretary of State

Entity Name: PROFESSIONAL APPLIANCE TECHNICIAN SERVICE LLC

Current Principal Place of Business:

3264 YOTHERS RD
APOPKA, FL 32712 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 457
PLYMOUTH, FL 32768 US

New Mailing Address:

FEI Number: 26-1192536

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOLT, ANN K
3264 YOTHERS RD
APOPKA, FL 32712 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: HOLT, ANN K
Address: 3264 YOTHERS RD
City-St-Zip: APOPKA, FL 32712 US

Title: MGRM () Delete
Name: HOLT, PATRICK L
Address: 3264 YOTHERS RD
City-St-Zip: APOPKA, FL 32712 US

Title: MGRM (X) Delete
Name: CONGERO, DEAN M
Address: 1460 LODGE TERRACE
City-St-Zip: DELTON, FL 32738 US

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: ANN K. HOLT

MGRM

01/14/2009

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