

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000102023

FILED  
Jan 20, 2009  
Secretary of State

**Entity Name:** TROTT PROFESSIONAL CENTER, LLC

**Current Principal Place of Business:**

17348 SABRINA CIRCLE  
PORT CHARLOTTE, FL 33948

**New Principal Place of Business:**

493 BARGER DRIVE  
UNIT  
PORT CHARLOTTE, FL 33953

**Current Mailing Address:**

P.O. BOX 380801  
MURDOCK, FL 33938

**New Mailing Address:**

493 BARGER DRIVE  
UNIT  
PORT CHARLOTTE, FL 33953

**FEI Number:** 45-0576502

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

TROTT, JENNIFER  
17348 SABRINA CIRCLE  
PORT CHARLOTTE, FL 33948 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: TROTT, JENNIFER  
Address: 17348 SABRINA CIRCLE  
City-St-Zip: PORT CHARLOTTE, FL 33948

**ADDITIONS/CHANGES:**

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: JENNIFER TROTT

MGRM

01/20/2009

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