## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## 4/21/2008-90320-028-\$138.75-\$138.75 SECRETARY OF STATE DIVISION OF CORPORATIONS

1. Early Name PROFESSIONAL SUPPORT SERVICES GROUP LLC    Principal Place of Business	DOCLI	MENT # L07000114	1213			] DIV	ISION OF CO	DRPORATIONS	
CID 1390 STATE ROAD 7 SUITE 450 WELLINGTON, PL 33414  2. Principal Prace of Business - No P.O. Box # Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State	1. Entity Nam	NG .				08	B MAY 21	AM 9: 28	
Sulfa, Apt. 4, etc.    Sulfa, Apt. 4, etc.   Sulfa, Apt. 4, etc.   Sulfa, Apt. 4, etc.   Sulfa, Apt. 4, etc.   Sulfa, Apt. 4, etc.   Sulfa, Apt. 4, etc.   Sulfa, Apt. 4, etc.   Sulfa, Apt. 4, EFI Number   Applied R.   Not Apt. 1, Not	C/O 1390 ST. Suite 450 Wellington	ATE ROAD 7 I, FL 33414	C/O 1390 STATE ROAI SUITE 450 WELLINGTON, FL 334					26297 FALIM III III III	
City & State  City & State  City & State  City & State  A. FEI Number  A. FEI Number  A. FEI Number  S. Centificate of Status Desired  None  Name  Name  1. Marie and Address of New Registered Agent  Name  Name  Name  Name  Name  Name  Name  Name  City  Sereit Address (P.O. Box Number is Not Acceptable)  City  City  Sereit Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Coole  City  FL  Zip Cool	2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address						
Stock   Stoc	Suite, Apt.	#, etc.	Suite, Apt. #, etc.			04152008	Chg-LLC	CR2E083 (12/06)	)
S. Certificate of Salus Desired   Fee Required    S. Certificate of Salus Desired   Fee Required    Fee Required    Name   Name    Name   Name   Name   Name    Street Address of New Registered Agent    Fee Required    Name   Name   Name    Name   Name   Name   Name    Street Address (P.O. Box Number is Not Acceptable)    Fee Required    Name   Name   Name   Not Acceptable)    Fee Required    Name   Name   Name   Name    Name   Name   Name   Name   Name    Name   Name   Name   Name   Name   Name    Name   Name   Name   Name   Name   Name   Name    Name   Name   Name   Name   Name   Name   Name   Name   Name    Name   Name   Name   Name   Name   Name   Name   Name   Name   Name   Name    Name   Nam	City & State	e	City & State			4. FEI Number		<b></b>	pplied For lot Applicab
Name and Address of New Registered Agent	Zip	Country	Zip	Cour	ntry	5. Certificate of	Status Desired		
HERBST, SETH J 139S STATE ROAD 7 SUITE 450  WELLINGTON: FL 33414  E. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Frorks. I am familiar with, and socience displations of registered agent, or both, in the State of Frorks. I am familiar with, and socience displations of registered agent.  SIGNATURE:  Sirce above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Frorks. I am familiar with, and socience not registered agent.  City  FLE 2ip Code  City  FLE 2ip Code  City  FLE 2ip Code  The State of Frorks. I am familiar with, and socience not registered agent, or both, in the State of Frorks. I am familiar with, and socience not registered agent, or both, in the State of Frorks. I am familiar with, and socience not registered agent.  DATE  SIGNATURE:  City  FLE 2ip Code  City  FLE 2ip Code  The State of Frorks. I am familiar with, and socience not seemed agent age		6. Hame and Address of Curren	t Registered Agent	. ,	Name	7. Name and A	ddress of New F		
8. The above name entity submits this statement for the purpose of changing its registered agent, or both, in the State of Fiorida. I am familiar with, and accidence to the obligations of Jungstered agent.  SIGNATURE    PILE NOWIII FEE IS \$138.75   After May 1, 2008 Fee will be \$538.75	1395 STAT	TE ROAD 7 SUITE 450				P.O. Box Number	is Not Acceptable	e)	
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accidence of the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accidence of the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accidence of the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accidence of the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accidence of the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accidence of the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accidence of the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accidence of the purpose of the pur					City			EI Zip Co	de
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NAME STREET ADDRESS CITY-SI-ZIP  ITILE NAME STREET ADDRESS CITY-SI-ZIP  11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 traffice empowered to execute this report as required by Chapter 608. Florida Statutes.  SIGNATURE:	name Street adoress		☐ Detele	NAM Stri	E EET ADORESS			☐ Change	Additio
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