

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

7/ **FILED**
Aug 11, 2008 8:00 am
Secretary of State

07-11-2008 90065 032 ***138.75

DOCUMENT # L07000118043 1. Entity Name PRIVATE CLIENT SERVICES GROUP, LLC					
Principal Place of Business 3909 W. AZEELE STREET TAMPA, FL 33609			Mailing Address 3909 W. AZEELE STREET TAMPA, FL 33609		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip		City & State Zip		4. FEI Number 39-2067176	
City & State Zip		City & State Zip		5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent GRECO, FRANK J 4047 HENDERSON BLVD. TAMPA, FL 33629				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE DATE 7/7/08					
FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR THOMPSON, ROGER L 3909 W. AZEELE STREET TAMPA, FL 33609	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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11. I hereby certify that the information supplied with this filing 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 trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE:			Date 7/7/08		

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