

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000121645

FILED
Aug 25, 2008
Secretary of State

Entity Name: FULL HOUSE PROFESSIONAL SERVICE LLC

Current Principal Place of Business:

3762 HUNTWICKE BLVD
DAVENPORT, FL 33837

New Principal Place of Business:

Current Mailing Address:

3762 HUNTWICKE BLVD
DAVENPORT, FL 33837

New Mailing Address:

FEI Number: 26-1659667 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

MUNIZ, PAUL J
3762 HUNTWICKE BLVD
DAVENPORT, FL 33837 US

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: MGR () Delete
Name: MUNIZ, PAUL J
Address: 3762 HUNTWICKE BLVD
City-St-Zip: DAVENPORT, FL 33837

Title: MGRM (X) Delete
Name: BRYANT, PAUL C
Address: 2526 HAMLET LANE
City-St-Zip: KISSIMMEE, FL 34746

Title: MGRM () Delete
Name: MUNIZ, ERIVAN
Address: 3762 HUNTWICKE BLVD
City-St-Zip: DAVENPORT, FL 33837

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: PAUL J. MUNIZ

MGR

08/25/2008

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