

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000010889

**FILED**  
**Jun 01, 2009**  
**Secretary of State**

**Entity Name:** ST JOHN PROPERTY MANAGEMENT SERVICES, LLC

**Current Principal Place of Business:**

6822 22ND AVE. N.  
ST. PETERSBURG, FL 33710 US

**New Principal Place of Business:**

1110 74TH ST. N.  
ST. PETERSBURG, FL 33710 US

**Current Mailing Address:**

PO BOX 47131  
ST. PETERSBURG, FL 33743 US

**New Mailing Address:**

**FEI Number:** 80-0319691      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
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:**

ST. JOHN ENTERPRISE, LLC  
6822 22ND AVE. N.  
ST. PETERSBURG, FL 33710 US

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

ST. JOHN ENTERPRISE, LLC  
1110 74TH ST. N.  
ST. PETERSBURG, FL 33710 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: JAIMAL ST. JOHN

06/01/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: ST. JOHN, JAIMAL P  
Address: PO BOX 47131  
City-St-Zip: ST. PETERSBURG, FL 33743 US

**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: JAIMAL ST. JOHN

MNGR

06/01/2009

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