2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000023479

Entity Name: IT PROFESSIONAL SUPPORT SERVICE LLC

FILED Mar 20, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

625 NW 90TH TERRACE 2851 RIVERSIDE DR. N.

PLANTATION, FL 33324 APT. #106

CORAL SPRINGS, FL 33065

Current Mailing Address: New Mailing Address:

625 NW 90TH TERRACE 2851 RIVERSIDE DR. N.

PLANTATION, FL 33324 APT. #106

CORAL SPRINGS, FL 33065

FEI Number: 13-4251392 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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

WOOTEN, KATINA L WOOTEN, KATINA L 625 NW 90TH TERRACE 2851 RIVERSIDE DR. N.

PLANTATION, FL 33324 US APT. #106 CORAL SPRINGS, FL 33065 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: KATINA WOOTEN 03/20/2009

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

 Name:
 WOOTEN, KATINA L
 Name:
 WOOTEN, KATINA L

 Address:
 625 NW 90TH TERRACE
 Address:
 2851 RIVERSIDE DR. N. APT. #106

 City-St-Zip:
 PLANTATION, FL 33324
 City-St-Zip:
 CORAL SPRINGS, FL 33065

Title: MGR (X) Delete Title: () Change () Addition

 Name:
 WOOTEN, TERRIEL L
 Name:

 Address:
 625 NW 90TH TERRACE
 Address:

 City-St-Zip:
 PLANTATION, FL 33324
 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: KATINA WOOTEN MGR 03/20/2009