

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000035188

FILED
Mar 05, 2009
Secretary of State

Entity Name: PROFESSIONAL REPRESENTATIVES, LLC

Current Principal Place of Business:

801 RAFAEL BOULEVARD NE
ST. PETERSBURG, FL 33704 US

New Principal Place of Business:

Current Mailing Address:

801 RAFAEL BOULEVARD NE
ST. PETERSBURG, FL 33704 US

New Mailing Address:

FEI Number: 80-0169773

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HEIRONIMUS, W. WAYNE III
801 RAFAEL BOULEVARD NE
ST. PETERSBURG, FL 33704 US

Name and Address of New Registered Agent:

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: MGRM () Delete
Name: HEIRONIMUS TECHNOLOG, Y SYSTEMS, INC .
Address: 801 RAFAEL BOULEVARD NE
City-St-Zip: ST. PETERSBURG, FL 33704 US

Title: MGRM () Delete
Name: CHRIS GODBOLD ROOFIN, G PRODUCTS, IN C
Address: 14719 GREEN VALLEY BLVD.
City-St-Zip: CLERMONT, FL 34711 US

Title: MGRM () Delete
Name: BA BUILDING SOLUTION, S, INC.
Address: 1191 SW 16TH STREET
City-St-Zip: BOCA RATON, FL 33486 US

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: W WAYNE HEIRONIMUS

MGR

03/05/2009

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