

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000040558

**FILED**  
**Feb 08, 2010**  
**Secretary of State**

**Entity Name:** LESLIE'S PROFESSIONAL OFFICE SOLUTIONS, LLC

**Current Principal Place of Business:**

203 RIVERCHASE BLVD.  
CRESTVIEW, FL 325364230

**New Principal Place of Business:**

5703 WOODLAWN GABLE DR  
APT A  
ALEXANDRIA, VA 223094617

**Current Mailing Address:**

203 RIVERCHASE BLVD.  
CRESTVIEW, FL 325364230

**New Mailing Address:**

5703 WOODLAWN GABLE DR  
APT A  
ALEXANDRIA, VA 223094617

**FEI Number:** 02-0746273

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PORTER, LESLIE Y  
203 RIVERCHASE BLVD.  
CRESTVIEW, FL 325364230 US

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

PORTER, LESLIE Y  
203 RIVERCHASE BLVD  
CRESTVIEW, FL 325364230 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: LESLIE Y PORTER

02/08/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: PORTER, LESLIE Y  
Address: 5703 WOODLAWN GABLE DR APT A  
City-St-Zip: ALEXANDRIA, VA 223094617

I hereby 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: LESLIE Y PORTER

MGR

02/08/2010

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