

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000040558

**FILED**  
**Mar 21, 2012**  
**Secretary of State**

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

**Current Principal Place of Business:**

5815 WOODLAWN GABLE DR  
APT K  
ALEXANDRIA, VA 223094626

**New Principal Place of Business:**

5815 WOODLAWN GABLE DR  
APT K  
ALEXANDRIA, VA 223094626 US

**Current Mailing Address:**

5815 WOODLAWN GABLE DR  
APT K  
ALEXANDRIA, VA 223094626

**New Mailing Address:**

5815 WOODLAWN GABLE DR  
APT K  
ALEXANDRIA, VA 223094626 US

**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:**

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  
Name: PORTER, LESLIE Y  
Address: 5815 WOODLAWN GABLE DR APT K  
City-St-Zip: ALEXANDRIA, VA 223094626 US

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

MGS

03/21/2012

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