

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000044361

FILED  
Mar 24, 2009  
Secretary of State

**Entity Name:** PROFESSIONAL PROCESS ASSOCIATES LLC

**Current Principal Place of Business:**

3940 POMODORO CIRCLE  
UNIT 104  
CAPE CORAL, FL 33940 LE

**New Principal Place of Business:**

3440 MARINATOWN LN  
STE 203  
NORTH FORT MYERS, FL 33903 LE

**Current Mailing Address:**

3940 POMODORO CIRCLE  
UNIT 104  
CAPE CORAL, FL 33940 LE

**New Mailing Address:**

3440 MARINATOWN LN  
STE 203  
NORTH FORT MYERS, FL 33903 LE

**FEI Number:** 26-2533096

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WARREN, JAMES W IV  
5220  
S. JULES VERNE COURT  
TAMPA, FL 33611 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: MRG ( ) Delete  
Name: WARREN, JAMES D IV  
Address: 5220 S JULES VERNE COURT  
City-St-Zip: TAMPA, FL 33611

Title: MGRM ( ) Delete  
Name: RUYLE, MARK T  
Address: 3940 POMODORO CIRCLE  
City-St-Zip: CAPE CORAL, FL 33940

**ADDITIONS/CHANGES:**

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: MARK T RUYLE

MGRM

03/24/2009

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