

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000045352

**FILED**  
**Apr 14, 2012**  
**Secretary of State**

**Entity Name:** PROFESSIONAL RESCUE OPERATOR SERVICES, LLC.

**Current Principal Place of Business:**

3240 NE 10 AVENUE  
OAKLAND PARK, FL 33334 US

**New Principal Place of Business:**

10125 SW 20 STREET  
DAVIE, FL 33324 US

**Current Mailing Address:**

3240 NE 10 AVENUE  
OAKLAND PARK, FL 33334 US

**New Mailing Address:**

10125 SW 20 STREET  
DAVIE, FL 33324 US

**FEI Number:** 26-2547156

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

STEWART, RANDI  
10125 SW 20 STREET  
DAVIE, FL 33334 US

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

STEWART, RANDI  
10125 SW 20 STREET  
DAVIE, FL 33324 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:

04/14/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: STEWART, MITCHELL  
Address: 10125 SW 20 STREET  
City-St-Zip: DAVIE, FL 33324 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: MITCHELL STEWART

MGRM

04/14/2012

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