

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000050373

**FILED**  
**Apr 19, 2012**  
**Secretary of State**

**Entity Name:** VILLAGE PROFESSIONAL, LLC

**Current Principal Place of Business:**

16630 N. DALE MABRY HWY  
TAMPA, FL 336181400

**New Principal Place of Business:**

**Current Mailing Address:**

16630 N. DALE MABRY HWY  
TAMPA, FL 336181400

**New Mailing Address:**

**FEI Number:** 26-3196094

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WESTFALL, JOHN  
16630 N. DALE MABRY HWY  
TAMPA, FL 336181400 US

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

WESTFALL, JOHN W  
16630 N. DALE MABRY HWY  
TAMPA, FL 336181400 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: JOHN W. WESTFALL

04/19/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: JCNK MANAGEMENT, LLC  
Address: 16630 N. DALE MABRY HWY  
City-St-Zip: TAMPA, FL 336181400

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: JOHN W. WESTFALL

RA

04/19/2012

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