

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000055908

**FILED**  
**Apr 19, 2011**  
**Secretary of State**

**Entity Name:** ALLIED SALES PROFESSIONALS ,LLC

**Current Principal Place of Business:**

19029 U.S. 19 N  
#9-107  
CLEARWATER, FL 33764 US

**New Principal Place of Business:**

**Current Mailing Address:**

19029 U.S. 19 N  
#9-107  
CLEARWATER, FL 33764 US

**New Mailing Address:**

**FEI Number:** 90-0451567      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

PETERSEN, CHARLES R  
19029 U.S. 19 N  
#9-107  
CLEARWATER, FL 33764 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:** MGRM  
**Name:** PETERSEN, CHARLES R  
**Address:** 19029 U.S. 19 N., #9-107  
**City-St-Zip:** CLEARWATER, FL 33764 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:** CHARLES R. PETERSEN

PRES

04/19/2011

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