

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000078433

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

**Entity Name:** PROBATE LIQUIDATORS GROUP OF NORTH FLORIDA LLC

**Current Principal Place of Business:**

2120 KILLARNEY WAY  
TALLAHASSEE, FL 32309

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 13772  
TALLAHASSEE, FL 32317

**New Mailing Address:**

**FEI Number:** 80-0294110

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HALE, ROBERT M  
2120 KILLARNEY WAY  
TALLAHASSEE, FL 32309 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:** HALE, ROBERT M  
**Address:** PO BOX 13772  
**City-St-Zip:** TALLAHASSEE, FL 32317

**Title:** MGR  
**Name:** HALE, REBECCA P  
**Address:** PO BOX 13772  
**City-St-Zip:** TALLAHASSEE, FL 32317

**Title:** S  
**Name:** HALE, REBECCA P  
**Address:** PO BOX 13772  
**City-St-Zip:** TALLAHASSEE, FL 32317

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:** ROBERT M HALE

MGRM

02/14/2012

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