2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
Sep 07, 2009
Secretary of State

DOCUMENT# L08000079327

Entity Name: PROBATE LIQUIDATORS OF WEST CENTRAL FLORIDA LLC

Current Principal Place of Business:

4085 CONWAY PLACE CIRCLE
ORLANDO, FL 32812

New Principal Place of Business:

Current Mailing Address:

4085 CONWAY PLACE CIRCLE
ORLANDO, FL 32812

New Mailing Address:

FEI Number: 30-0501207 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 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	( ) Delete
Name:	CATES, HAROLD T	
Address:	4085 CONWAY PLACE CIRCLE	
City-St-Zip:	ORLANDO, FL 32812	
Title:	S	( ) Delete
Name:	CATES, SUE C	
Address:	4085 CONWAY PLACE CIRCLE	
City-St-Zip:	ORLANDO, FL 32812	
Title:	T	(X) Delete
Name:	DIEFFENBACH, JOHN H	
Address:	1556 ORANGE STREET	
City-St-Zip:	CLEARWATER, FL 33756	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: HAROLD T. CATES MGR 09/07/2009

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