

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000103461

**FILED**  
**Apr 30, 2011**  
**Secretary of State**

**Entity Name:** PROPERTY CARE PROFESSIONALS LLC

**Current Principal Place of Business:**

3973 SW JARMER ROAD  
PORT ST. LUCIE, FL 34953

**New Principal Place of Business:**

**Current Mailing Address:**

3973 SW JARMER ROAD  
PORT ST. LUCIE, FL 34953

**New Mailing Address:**

**FEI Number:** 26-3677942

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PEYTON, THOMAS  
3973 SW JARMER ROAD  
PORT ST. LUCIE, FL 34953 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:** PEYTON, THOMAS  
**Address:** 3973 SW JARMER ROAD  
**City-St-Zip:** PORT ST. LUCIE, FL 34953

**Title:** MGRM  
**Name:** CHURCHWELL, AMY  
**Address:** 3973 SW JARMER RD  
**City-St-Zip:** PORT ST LUCIE, FL 34953

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:** THOMAS E PEYTON

MGR

04/30/2011

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