

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000113982

FILED  
Jun 30, 2009  
Secretary of State

**Entity Name:** PREFERRED BUSINESS SOLUTIONS PLUS LLC

**Current Principal Place of Business:**

5298 FLORENTINE COURT  
SPRING HILL, FL 34608

**New Principal Place of Business:**

**Current Mailing Address:**

5298 FLORENTINE COURT  
SPRING HILL, FL 34608

**New Mailing Address:**

FEI Number: 80-0322930      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DR., SUITE 4  
WESTON, FL 33331      US

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

FISHER, NANCY CEO  
5298 FLORENTINE CT  
SPRING HILL, FL 34608      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: NANCY FISHER

06/30/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: FISHER, CURTIS  
Address: 5298 FLORENTINE COURT  
City-St-Zip: SPRING HILL, FL 34608

Title: MGRM ( ) Delete  
Name: DAVIS, ROBERT  
Address: 5298 FLORENTINE COURT  
City-St-Zip: SPRING HILL, FL 34608

Title: MGRM ( ) Delete  
Name: MASCOTTI, JOHN  
Address: 5298 FLORENTINE COURT  
City-St-Zip: SPRING HILL, FL 34608

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: FISHER, NANCY  
Address: 5298 FLORENTINE COURT  
City-St-Zip: SPRING HILL, FL 34608

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: NANCY FISHER

MGRM

06/30/2009

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