

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000117669

FILED
Sep 01, 2009
Secretary of State

Entity Name: OSPREY COVE PROFESSIONAL SERVICES, LLC

Current Principal Place of Business:

5740 HARBOR ISLE BLVD.
WINTER HAVEN, FL 33884 US

New Principal Place of Business:

Current Mailing Address:

5740 HARBOR ISLE BLVD.
WINTER HAVEN, FL 33884 US

New Mailing Address:

FEI Number: ☐ **FEI Number Applied For ()** ☐ **FEI Number Not Applicable (X)** ☐ **Certificate of Status Desired ()**
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:

GERMAN, SUZANNE
5740 HARBOR ISLE BLVD.
WINTER HAVEN, FL 33884 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: GERMAN, SUZANNE
Address: 5740 HARBOR ISLE BLVD.
City-St-Zip: WINTER HAVEN, FL 33884 US

ADDITIONS/CHANGES:

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: SUZANNE GERMAN

MGR

09/01/2009

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