

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000039205

**FILED**  
**Apr 27, 2010**  
**Secretary of State**

**Entity Name:** ARTISAN PROFESSIONAL GROUP, LLC

**Current Principal Place of Business:**

1019 1/2 15TH AVENUE NORTH  
SUITE A  
ST. PETERSBURG, FL 33704

**New Principal Place of Business:**

**Current Mailing Address:**

3618 SAN JUAN ST  
TAMPA, FL 33629

**New Mailing Address:**

**FEI Number:** 26-4735143

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CARLISLE, PAUL A  
1019 1/2  
SUITE A  
ST. PETERSBURG, FL 33704 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: CARLISLE, PAUL A  
Address: 3618 SAN JUAN ST  
City-St-Zip: TAMPA, FL 33629

Title: MGR  
Name: HARRIS, DAVID S  
Address: 1019 15TH AVENUE  
City-St-Zip: ST. PETERSBURG, FL 33704

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: DAVID HARRRIS

MGR

04/27/2010

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