

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000084228

**FILED**  
**Apr 24, 2010**  
**Secretary of State**

**Entity Name:** AIMEE CALLAHAN PROFESSIONAL LIMITED LIABILITY COMPANY.

**Current Principal Place of Business:**

220 N.E. 12THA VE., LOT 125  
HOMESTEAD, FL 33030 US

**New Principal Place of Business:**

**Current Mailing Address:**

220 N.E. 12THA VE., LOT 125  
HOMESTEAD, FL 33030 US

**New Mailing Address:**

FEI Number: 27-1638325

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CALLAHAN, AIMEE  
200 NORTH EAST SECOND DRIVE  
HOMESTEAD, FL 33030 US

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

CALLAHAN, AIMEE  
200 NORTH EAST SECOND DRIVE  
HOMESTEAD, FL 33030 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: AIMEE CALLAHAN.

04/24/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: AIMEE, CALLAHAN  
Address: 220 N.E. 12THA VE., LOT 125  
City-St-Zip: HOMESTEAD, FL 33030 US

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: AIMEE CALLAHAN.

MRS.

04/24/2010

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