

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000029630

**FILED**  
**Apr 21, 2012**  
**Secretary of State**

**Entity Name:** CPA PROFESSIONAL SERVICES, LLC

**Current Principal Place of Business:**

440 SW 181ST AVENUE  
PEMBROKE PINES, FL 33029

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 297723  
PEMBROKE PINES, FL 33029

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For (X)**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MOHAMED, JAVED A  
440 SW 181ST AVENUE  
PEMBROKE PINES, FL 33029 US

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

MOHAMED, SABEEYA R  
440 SW 181ST AVENUE  
PEMBROKE PINES, FL 33029 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: SABEEYA R. MOHAMED

04/21/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: MOHAMED, SABEEYA R  
Address: 440 SW 181ST AVENUE  
City-St-Zip: PEMBROKE PINES, FL 33029

Title: MGR  
Name: MOHAMED, JAVED A  
Address: 440 SW 181ST AVENUE  
City-St-Zip: PEMBROKE PINES, FL 33029

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: SABEEYA R. MOHAMED

MGRM

04/21/2012

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