2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 10, 2012
Secretary of State

DOCUMENT# L10000041381

Entity Name: MULTIFAMILY PROFESSIONAL SERVICES, LLC

Current Principal Place of Business:

7777 NORMANDY BOULEVARD
JACKSONVILLE, FL 32221

New Principal Place of Business:

Current Mailing Address:

7777 NORMANDY BOULEVARD
JACKSONVILLE, FL 32221

New Mailing Address:

FEI Number: 27-2371462 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HOWARD, DENNIS
7777 NORMANDY BOULEVARD
JACKSONVILLE, FL 32221 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: FALLON, DEBBIE
Address: 7777 NORMANDY BOULEVARD, APARTMENT 901
City-St-Zip: JACKSONVILLE, FL 32221

Title: MGRM
Name: HOWARD, JULIA C
Address: 105 CHELMSFORD PLACE
City-St-Zip: PONTE VEDRA, FL 32082

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 Statues.

SIGNATURE: DEBBIE FALLON MGR 01/10/2012

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