

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000109039

FILED  
Apr 30, 2012  
Secretary of State

**Entity Name:** TRISHAS PROFESSIONAL SERVICES " LLC"

**Current Principal Place of Business:**

20 JUNIPER PASS LANE  
OCALA, FL 34480 UN

**New Principal Place of Business:**

20 JUNIPER PASS LANE  
OCALA  
OCALA, FL 34480 UN

**Current Mailing Address:**

20 JUNIPER PASS LANE  
OCALA, FL 34480

**New Mailing Address:**

**FEI Number:** 27-3159180

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SMITH, PATRICIA R  
20 JUNIPER PASS LANE  
OCALA, FL 34480 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: SMITH, PATRICIA R  
Address: 20 JUNIPER PASS LANE  
City-St-Zip: Ocala, FL 34480

Title: MGRM  
Name: IRWIN, TERRY L  
Address: 2817 NE 18TH COURT  
City-St-Zip: Ocala, FL 34472

Title: MGRM  
Name: SMITH, ROBERT C SR  
Address: 1011 OAKLEAF LANE  
City-St-Zip: WILDWOOD, FL 34785

Title: MGRM  
Name: WILEY, TAMARA L  
Address: 989 MONUMENT ROAD APT 812  
City-St-Zip: JACKSONVILLE, FL 32225

Title: MGRM  
Name: PATRICIA, AREALLANO  
Address: 20 JUNIPER PASS LANE  
City-St-Zip: Ocala, FL 34480

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: PATRICIA R SMITH

MGR

04/30/2012

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