

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000030124

**FILED**  
**Apr 30, 2012**  
**Secretary of State**

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

**Current Principal Place of Business:**

951 SALT POND PLACE  
203  
ALTAMONTE SPRINGS, FL 32714

**New Principal Place of Business:**

37 NORTH ORANGE AVE  
SUITE 500  
ORLANDO, FL 32801

**Current Mailing Address:**

951 SALT POND PLACE  
203  
ALTAMONTE SPRINGS, FL 32714

**New Mailing Address:**

PO BOX 953952  
LAKE MARY, FL 32795

**FEI Number:** 27-5337147

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

COON, FEECHJEE  
951 SALT POND PLACE  
203  
ALTAMONTE SPRINGS, FL 32714 US

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

COON, FEECHJEE  
37 NORTH ORANGE AVE  
500  
ORLANDO, FL 32801 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: FEECHJEE COON

04/30/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: COON, FEECHJEE  
Address: PO BOX 953952  
City-St-Zip: LAKE MARY, FL 32795

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: FEECHJEE COON

MGR

04/30/2012

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