

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000083189

**FILED**  
**Apr 28, 2012**  
**Secretary of State**

**Entity Name:** PROFESSIONAL SCREENING SERVICES OF NORTHWEST FLORIDA, LLC

**Current Principal Place of Business:**

1947 MUD HILL ROAD  
CHIPLEY, FL 32428 US

**New Principal Place of Business:**

846 MAIN STREET  
CHIPLEY, FL 32428 US

**Current Mailing Address:**

P. O. BOX  
WAUSAU, FL 32463

**New Mailing Address:**

**FEI Number:** 45-2826547      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

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

RILEY, HOWARD E  
1947 MUD HILL ROAD  
CHIPLEY, FL 32428 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: RILEY, HOWARD E  
Address: 1947 MUD HILL ROAD  
City-St-Zip: CHIPLEY, FL 32428 US

Title: MGRM  
Name: RILEY, HELEN F  
Address: 1947 MUD HILL ROAD  
City-St-Zip: CHIPLEY, FL 32428 US

Title: MGRM  
Name: RILEY, JEFFERY E  
Address: 1947 MUD HILL ROAD  
City-St-Zip: CHIPLEY, FL 32428 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: HOWARD E. RILEY

MGR

04/28/2012

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