

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000089920

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

**Entity Name:** FRANCIS PROFESSIONAL PARALEGAL SERVICES L.L.C.

**Current Principal Place of Business:**

3263 NW 44TH ST  
APT #2  
OAKLAND PARK, FL 33309

**New Principal Place of Business:**

**Current Mailing Address:**

3263 NW 44TH ST  
APT #2  
OAKLAND PARK, FL 33309

**New Mailing Address:**

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

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

FRANCIS, PETERLEE A  
3263 NW 44TH ST  
APT #2  
OAKLAND PARK, FL 33309 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: MRG  
Name: FRANCIS, PETERLEE A  
Address: 3263 NW 44TH ST. APT #2  
City-St-Zip: OAKLAND PARK, FL 33309

Title: MGR  
Name: COMBS, JESSICA S  
Address: 3263 NW 44TH ST APT #2  
City-St-Zip: OAKLAND PARK, FL 33309

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: PETERLEE FRANCIS

MR

04/30/2012

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