## 2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000022148

Entity Name: PROFESSIONAL PLACEMENT RESOURCES, LLC

**FILED** Jan 05, 2015 **Secretary of State** CC9033955159

## **Current Principal Place of Business:**

333 FIRST STREET NORTH

STE. 200

JACKSONVILLE BEACH, FL 32250

## **Current Mailing Address:**

333 FIRST STREET NORTH

STE, 200

JACKSONVILLE BEACH, FL 32250

FEI Number: 20-0899454 Certificate of Status Desired: Yes

## Name and Address of Current Registered Agent:

REINHOLD CORPORATION 1845 TOWN CENTER BLVD. STE 105

ORANGE PARK, FL 32003 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:

Date Electronic Signature of Registered Agent

Authorized Person(s) Detail:

Title MGRM Title MGR

Name COOPER, DWIGHT L Name EGAN, GEORGE M

333 1ST STREET NORTH, SUITE 200 1845 TOWN CENTER BLVD. SUITE 105 Address Address

City-State-Zip: JACKSONVILLE BEACH FL 32250 City-State-Zip: ORANGE PARK FL 32203

Title **PRES** Title SECY

COOPER, DWIGHT L Name Name TOOL, HAROLD R

333 1ST STREET NORTH, SUITE 200 333 1ST STREET NORTH, SUITE 200 Address JACKSONVILLE BEACH FL 32250 City-State-Zip: City-State-Zip: JACKSONVILLE BEACH FL 32250

Title COO

Address

Name **BOUTWELL, WILLIAM AIV** 

Address 333 1ST STREET NORTH, SUITE 200 City-State-Zip: JACKSONVILLE BEACH FL 32250

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: DWIGHT COOPER Electronic Signature of Signing Authorized Person(s) Detail MANAGING MEMBER

01/05/2015