

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000131187

**Entity Name:** EXPENSE MANAGEMENT PROS LLC.

**Current Principal Place of Business:**

1813 NESTLE DRIVE  
PENSACOLA, FL 32534

**Current Mailing Address:**

1813 NESTLE DRIVE  
PENSACOLA, FL 32534 US

**FEI Number:** 27-4317139

**Certificate of Status Desired:** No

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

STEPHENS, CARY  
1813 NESTLE DRIVE  
PENSACOLA, FL 32534 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Authorized Person(s) Detail :**

Title MGRM  
Name STEPHENS, CARY  
Address 1813 NESTLE DRIVE  
City-State-Zip: PENSACOLA FL 32534

*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:** CARY STEPHENS

MGRM

04/28/2014

\_\_\_\_\_ Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date