

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000061943

**Entity Name:** E.A.P PROFESSIONAL SERVICES L.L.C

**Current Principal Place of Business:**

1068 GOULD PLACE  
OVIEDO, FL 32765

**Current Mailing Address:**

P.O BOX 620972  
OVIEDO, FL 32762-0972 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

PEREZ, ALICIA H  
P. BOX 620972  
OVIEDO, FL 32762-0972 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	MGR	Title	MANAGING MEMBER
Name	SHEME, WALTER	Name	PEREZ, EDWIN A
Address	1068 GOULD PLACE	Address	1068 GOULD PLACE
City-State-Zip:	OVIEDO FL 32765	City-State-Zip:	OVIEDO FL 32765

*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:** EDWIN PEREZ

MANAGING MEMBER

03/15/2017

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

\_\_\_\_\_ Date