

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000139728

Entity Name: MEADOWLAKE PROFESSIONAL MANAGEMENT, LLC

Current Principal Place of Business:

15019 MEADOWLAKE STREET
ODESSA, FL 33556

Current Mailing Address:

P.O. BOX 7515
ST PETERSBURG, FL 33734

FEI Number: 46-1320575

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

THORNE, STEVEN A
15019 MEADOWLAKE STREET
ODESSA, FL 33556 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
Name THORNE, STEVEN A
Address P.O. BOX 7515
City-State-Zip: ST PETERSBURG FL 33734

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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: STEVEN A THORNE

SOLE MBR

04/29/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date