

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 16, 2007 8:00 am**  
**Secretary of State**

01-16-2007 90052 008 \*\*\*\*55.00

**DOCUMENT # L06000091278**

1. Entity Name  
**PRO BUYERS LLC**



Principal Place of Business  
**5023 COVEVIEW DRIVE  
ST. CLOUD, FL 34771**

Mailing Address  
**5023 COVEVIEW DRIVE  
ST. CLOUD, FL 34771**

2. Principal Place of Business - No P.O. Box #

**2616 QUARRYSTONE CT**

3. Mailing Address

**SAME**

Suite, Apt. #, etc.

Suite, Apt. #, etc.



01102007 Chg-LLC CR2E083 (12/06)

City & State  
**Oviedo FL 32765**

City & State

4. FEI Number  
**22-3794364**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**BALL, DULCE M  
13395 GLACIER NATIONAL DRIVE APT 407  
ORLANDO, FL 32837**

7. Name and Address of New Registered Agent

Name **Ball, Dulce M. (new address below):**

Street Address (P.O. Box Number is Not Acceptable)

**2616 Quarry Stone Court**

City **Oviedo**

**FL**

Zip Code  
**32765**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2007**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete  
NAME **SMITH, JEFFREY A**  
STREET ADDRESS **5023 COVEVIEW DRIVE - 2616 Quarry Stone Court**  
CITY-ST-ZIP **ST. CLOUD, FL 34771 Oviedo, FL 32765**

TITLE **Managing Member** ☐ Delete  
NAME **Ball, Dulce M.**  
STREET ADDRESS **2616 Quarry Stone Court**  
CITY-ST-ZIP **Oviedo, FL 32765**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**1/11/07 407-977-2080**