	PLATE		Jim Smith ecretary of Sta		MPU	NG THIS FOR FILL 02 NOV 15	ED PM 1:31	
1. Limited	UMENT # LOOO(Liability Company's Name PROCE.		•	i,llc.		SECRETARY TALLAHASSE	E, FLORIDA	
Suite, Apt. #, etc. SUITE C City & State ROYAL PALM BEACH, FL City & State			(Same)		4. State/Country of Formation FLORIDA 5. Date Organized or Qualified To Do Business in Florida AUGUST 2000 6. FEI Number 52-2255038 Applied For Not Applicable			
3341 USA 8. Name and Address of Current Registered Agent Name CHARLES FAREMOUTH Street Address (P.O. Box Number is Not Acceptable) 11358 OKEECHOBEE BUDD Suite, Apt. #, Etc. City ROYAL PACM BEACH State Zip Code FL 33411								Status
10. Names	s and Street Addresses of Managing Memb	pers/Managers	1 11031 31314					
Titles	Name of Managing Members/Manager	s	Street Address of Each Managing Member/Manager			City /	State / Zip	_
MGR MGR	CHARLES FAREN GARY L. WEBI		250 LAS PALMAS ST 110 N. LAKESHOKE DR			ROYAL PALW HYPOLUXO		63 3411
		THE STATE OF		WENT.				
all fees of as if mad ignature of lanaging Me	that I am managing member/manager or the reinstatement application the reason for diswed by the limited liability company have be the under oath. If the provided it is the provided in the reason for diswed by the limited liability company have be under oath. If the provided it is the provided in the provided in the provided it is the provided in the provided in the provided it is the provided in the pr	CHULL	tee empowered to en eliminated, the limit rmation indicated on	cecute this applica ad liability compan this application is t	rue and accurat	d for in chapter 608, F.S. Is the requirements of sections, and my signature shall he aytime Phone #	on 608.406, F.S., and t have the same legal ef	that ffect