

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90037 012 ****50.00

DOCUMENT # L02000000143

1. Entity Name
SPEED PROS, LLC.



Principal Place of Business
**7045 CAMELLIA RD
LAKELAND, FL 33813**

Mailing Address
**7045 CAMELLIA RD
LAKELAND, FL 33813**

2. Principal Place of Business
6830 Crews Lake RD
Suite, Apt. #, etc.

3. Mailing Address
PO Box 2492
Suite, Apt. #, etc.



03052006 Chg-LLC CR2E083 (11/05)

City & State
Lakeland, FL
Zip
33813 Country
USA

City & State
Eaton Park, FL
Zip
33840 Country
USA

4. FEI Number
04-3601443 Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

**DEZARN, MIKE
7045 CAMELLIA RD
LAKELAND, FL 33813**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
6830 Crews Lake RD
City
Lakeland, FL Zip Code
33813

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)

3/15/06

DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

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

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
DEZARN, MIKE
7045 CAMELLIA RD.
LAKELAND, FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
BLACK, STEVE
2260 PRAIRIE INDUSTRIAL PKWY
MULBERRY, FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**6830 Crews Lake RD
Lakeland, FL 33813** ☒ Change ☐ Addition

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

TITLE
NAME
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CITY - ST - ZIP
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☐ Change ☐ Addition

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

3/15/06

Date

Daytime Phone #