2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

limited liability company

SIGNATURE AND TYPED OR PRINTED NAME

FILED Apr 07, 2008 08:00 Al Secretary of State DOCUMENT # L02000000143 1. Entity Name SPEÉD PROS, LLC. Principal Place of Business Mailing Address 6830 CREWS LK RD POB 2492 LAKELAND, FL 33813 EATON PARK, FL 33840 03202008 No Chg-LLC CR2E083 (12/07) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 04-3601443 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DEZARN, MIKE DO NOT WRITE 6830 CREWS LK RD LAKELAND, FL 33813 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE /00000883821 17/08-80019-006 138.75 FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 MANAGING MEMBERS/MANAGERS 9. MGR TITLE DEZARN, MIKE NAME STREET ADDRESS 6830 CREWS LK RD CITY-ST-ZIP LAKELAND, FL 33813 MGR NAME BLACK, STEVE 2260 PRAIRIE INDUSTRIAL PKWY STREET ADDRESS CITY-ST-ZIP MULBERRY, FL TITLE NAME STREET ADDRESS DO NOT WRITE CITY+ST+ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP upplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information accurate and that mustignature shall have the same legal effect as if made under oath; that I am a managing member or manager of the ver or trustee a prowered to execute this report as required by Chapter 608, Florida Statutes. 11. I hereby certify that the information indicated on this report is true and

ING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

863-669-5460