

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000001712

FILED
May 28, 2009
Secretary of State

Entity Name: APRO, LLC

Current Principal Place of Business:

2605 THOMAS DRIVE STE 105
PANAMA CITY BEACH, FL 32408

New Principal Place of Business:

Current Mailing Address:

2605 THOMAS DRIVE STE 105
PANAMA CITY BEACH, FL 32408

New Mailing Address:

FEI Number: 01-0656830 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

ROBERSON, AMY
2605 THOMAS DRIVE STE 105
PANAMA CITY BEACH, FL 32408 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

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: APPLEMAN, JIM
Address: 405 W OAK ST.
City-St-Zip: PANAMA CITY, FL 32401

Title: MGR () Delete
Name: SHEPARD, RUSTY
Address: 405 W OAK ST.
City-St-Zip: PANAMA CITY, FL 32401

Title: MGR () Delete
Name: ROBERSON, JIM
Address: 2605 THOMAS DRIVE STE 105
City-St-Zip: PANAMA CITY BEACH, FL 32408

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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.

SIGNATURE: AMY ROBERSON

MGR

05/28/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date