

# **2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000013492

Entity Name: STIMUPRO, LLC

**FILED**  
**Apr 28, 2006**  
**Secretary of State**

**Current Principal Place of Business:**

6264 JAYS WAY  
MILTON, FL 32570

**New Principal Place of Business:**

3609 HIGDON DR  
JAY, FL 32565

**Current Mailing Address:**

6264 JAYS WAY  
MILTON, FL 32570

**New Mailing Address:**

PO BOX 272  
JAY, FL 32565 US

FEI Number: 01-0704939

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LINCOLN, DWIGHT  
6264 JAYS WAY  
MILTON, FL 32570 US

**Name and Address of New Registered Agent:**

LINCOLN, DWIGHT  
3609 HIGDON DR  
JAY, FL 32565 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:

04/28/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: LINCOLN, DWIGHT  
Address: 6264 JAYS WAY  
City-St-Zip: MILTON, FL 32570

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: LINCOLN, DWIGHT  
Address: 3609 HIGDON DR  
City-St-Zip: JAY, FL 32565

I hereby certify that the information supplied with this filing does not qualify for the 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: DWIGHT LINCOLN

MGR

04/28/2006

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