

FILED
Jun 27, 2003 8:00 am
Secretary of State

05-02-2003 90568 014 *****50.00

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

5/21

44005081

DOCUMENT # L02000013575					
1. Entity Name PRA, LLC					
Principal Place of Business 1458 OCEANSHORE BOULEVARD, UNIT 156 ORMOND BEACH FL 32176			Mailing Address 1458 OCEANSHORE BOULEVARD, UNIT 156 ORMOND BEACH FL 32176		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number	
				Applied For ☒ Not Applicable	
				5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent PLYE, MICHAEL A 1265 W. GRANADA BOULEVARD, SUITE 1 ORMOND BEACH FL 32174				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
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) DATE _____					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003					
9. MANAGING MEMBERS / MANAGERS					
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Delete	
	Manager	William T. Rooney	911 Hammond Road	Ridgewood, NJ 07450	
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Delete	
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Delete	
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Delete	
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Delete	
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Delete	
	Trustee	William Thompson	74 SE. ANNE Circle	Ormond Beach, FL 32176	
10. ADDITIONS / CHANGES					
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Change ☐ Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 606, Florida Statutes.					
SIGNATURE: <u>William Thompson</u> . 04/30/03-386-447877					
SIGNATURE AND TYPED OR PRINTED NAME OF BOARDING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #					

CR2E083 (10/02)