

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000026157

**FILED**  
**Aug 10, 2005**  
**Secretary of State**

**Entity Name:** PROCRAFT OF NORTHWEST FLORIDA LLC

**Current Principal Place of Business:**

5716 ZINNIA AVE  
MILTON, FL 32570 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 3784  
MILTON, FL 32572 US

**New Mailing Address:**

**FEI Number:** 55-0813677      **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:**

TRUSLER, AMY L  
5716 ZINNIA AVE  
MILTON, FL 32570 US

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

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: TRUSLER, KEVIN M  
Address: 5716 ZINNIA AVE  
City-St-Zip: MILTON, FL 32570 US

**ADDITIONS/CHANGES:**

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: KEVIN M TRUSLER

MGR

08/10/2005

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