2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 18, 2006
Secretary of State

DOCUMENT# L03000002600

Entity Name: PROCOM, LLC

Current Principal Place of Business:

868 WOODVALE ST.
CLERMONT, FL 34711 US

New Principal Place of Business:

Current Mailing Address:

21948 CHASE DR.
NOVI, MI 48375 US

New Mailing Address:

FEI Number: 45-0497795 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BONO, PATRICIA M MRS.
868 WOODVALE ST.
CLERMONT, FL 34711 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:	MGRM	( ) Delete
Name:	CARDASIS, COSTAS J MGRM	
Address:	21948 CHASE DR.	
City-St-Zip:	NOVI, MI 48375 US	
Title:	MGRM	( ) Delete
Name:	BONO, PATRICIA M MGRM	
Address:	868 WOODVALE	
City-St-Zip:	CLERMONT, FL 34711 US	
Title:	MGRM	( ) Delete
Name:	JAYKO, ROBERT G MGRM	
Address:	51235 BLACKHAWK LN.	
City-St-Zip:	MACOMB TWP., MI 48042 US	

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 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: ROBERT JAYKO MGRM 04/18/2006

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