

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 05, 2007 08:00 AM
Secretary of State

DOCUMENT # L03000003969 1. Entity Name PROLINE LIGHTING, LLC	
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Principal Place of Business 2142 COBBLEFIELD CIRCLE APOPKA, FL 32703 US	Mailing Address P.O BOX 580 CLARCONA, FL 32710-0580 US
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02012007No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 81-0595497	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent KURCHARSKI, ROBERT 2142 COBBLEFIELD CIRCLE APOPKA, FL 32703	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when releasing) _____ DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

U00000620967
02/09/07-80059-002 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KURCHARSKI, ROBERT PRES 2142 COBBLEFIELD CIRCLE APOPKA, FL 32703
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HUDSON, MARK P PRINCIP 733 N. SUMMERLIN ORLANDO, FL 32803
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**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 608, Florida Statutes.

SIGNATURE: Robert J. Kucharski 2/1/07 866-690-2852
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #