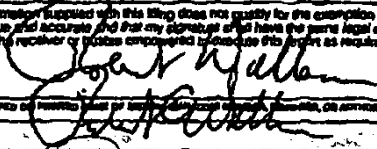


FILED
May 28, 2004 8:00 am
Secretary of State

03-04-2004 90069 049 ****50.00

2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR)

DOCUMENT # L03000004512			
1. Entity Name PRO LIBERTATE, LLC			
Principal Place of Business 5119 NORTH FLORIDA AVENUE TAMPA FL 33603		Mailing Address P.O. BOX 271807 TAMPA FL 33603-1807	
2. Principal Place of Business		3. Mailing Address	
State, Apt. #, etc.		State, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 04-3740905		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent CONN, VANESSA N-ESQ 1110 N. FLORIDA AVENUE TAMPA FL 33602		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		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 _____ DATE _____			
			
9. MANAGING MEMBERS / MANAGERS			
TITLE	NAME	TITLE	NAME
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP
Managing Member	Robert Waller	☐ Change	☐ Add/Info
5119 N. Florida Ave	Tampa FL 33603		
Florida	FL 33603		
Managing Member	Ann Waller	☐ Change	☐ Add/Info
5119 N. Florida Ave	Tampa FL 33603		
Tampa FL 33603	Tampa FL 33603		
☐ Delete	☐ Delete	☐ Change	☐ Add/Info
☐ Delete	☐ Delete	☐ Change	☐ Add/Info
☐ Delete	☐ Delete	☐ Change	☐ Add/Info
☐ Delete	☐ Delete	☐ Change	☐ Add/Info
☐ Delete	☐ Delete	☐ Change	☐ Add/Info
☐ Delete	☐ Delete	☐ Change	☐ Add/Info
10. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 605, Florida Statutes.			
SIGNATURE: 		Date: 2/29/4 813 295-05X	
SIGNATURE: 		Date: 5/25/4 813 245-0391	