2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

SIGNATURE:

FILED Feb 01, 2007 08:00 AM DOCUMENT # L03000004512 **Secretary of State** 1. Entity Name PRO LIBERTATE, LLC Mailing Address Principal Place of Business 5119 NORTH FLORIDA AVENUE P.O. BOX 271807 **TAMPA FL 33603** TAMPA FL 33688-1807 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suito, Apt. #, clc. 1st MOORE CR2E083 (10/06) City & State City & State 4. FEI Numbor Applied For 09-3740905 Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Namo COHN, VANESSA N ESQ. Street Address (P.O. Box Number is Not Acceptable) 1110 N. FLORIDA AVENUE TAMPA FL 33602 City 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 (NOTE, Registered Agent signature required when reinstaling) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$50.00 U00000616273 Make Check Payable to Florida Department of State U2/07/07-80022-002 50.00 Due By May 1, 2007 ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 10. 9. ☐ Change TITLE ☐ Delete A.1.22 11111 **MGRM** NAME NAM WALLACE, ROBERT STRUCT ADDRESS STREET ADDRESS 5119 N FLORIDA AVE CHY ST-ZIP CITY SI ZIF **TAMPA FL 33603** ☐ Delele ☐ Change 11111 THE MGRM NAME NAME WALLACE, ANN STREET ADDRESS STREET ADDRESS 5119 N FLORIDA AVE CUTY-SI-ZIP CITY ST 70 **TAMPA FL 33603** IIII ☐ Defete ☐ Change ☐ Additio NAME STREET ADDRESS STREET ADDRESS CUTY-ST-ZIP CHY SI ZIP ☐ Change Addition 10.0 Delete TITLE NAME NAMI STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CHY-SI-782 Audita ☐ Change IIIIs ☐ Delete NAM STREET ADDRESS STREET ADDRESS CITY ST ZIP CHY-ST-ZIP ☐ Change Addition IME Delete IIIIE NAME NAME STRULT ADDRESS SHREET ADDRESS CITY SI-ZIP CITY ST ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 amplivered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

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