

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000006951

FILED
Apr 17, 2004
Secretary of State

Entity Name: PRO-CARE SYSTEMS , LLC.

Current Principal Place of Business:

170 S. BARFIELD HIGHWAY
101-A
PAHOKEE, FL 33476

New Principal Place of Business:

Current Mailing Address:

170 S. BARFIELD HIGHWAY
101-A
PAHOKEE, FL 33476

New Mailing Address:

FEI Number: 26-0058975

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GLAUSER, STUART H CPA
18305 BISCAYNE BLVD
302
NORTH MIAMI BEACH, FL 33160 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/MEMBERS:

Title: MGR () Delete
Name: PEREZ, LIMARY
Address: 170 S. BARFIELD HWY. #101-A
City-St-Zip: PAHOKEE, FL 33476

Title: MGR () Delete
Name: GLUCK, HILLIARD
Address: 170 S. BARFIELD HWY. #101-A
City-St-Zip: PAHOKEE, FL 33476

ADDITIONS/CHANGES:

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 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: LIMARY PEREZ

MNGR

04/17/2004

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