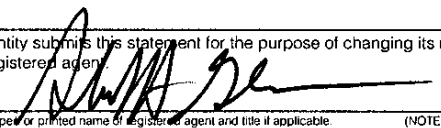


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 31, 2005 8:00 am
Secretary of State

01-31-2005 90201 040 ****50.00

| | | | | | |
|---|--|---|---|---|--|
| DOCUMENT # L03000006951 1. Entity Name PRO-CARE SYSTEMS, LLC. | | | |  | |
| Principal Place of Business 170 S. BARFIELD HIGHWAY 101-A PAHOKEE, FL 33476 | | | Mailing Address 170 S. BARFIELD HIGHWAY 101-A PAHOKEE, FL 33476 | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | 3. Mailing Address 1135 103 Street Suite, Apt. #, etc. G-1 City & State Bay Harbor Island FL Zip 33154 Country USA | | | |
| City & State | | City & State | | 4. FEI Number 26-0058975 | |
| Zip | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent GLAUSER, STUART H CPA 18305 BISCAYNE BLVD 302 NORTH MIAMI BEACH, FL 33160 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 14446 West Dixie Highway City Miami State FL Zip Code 33161 | |
| 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 1/27/05 <small>Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| Filing Fee is \$50.00 Due by May 1, 2005 | | | Make check payable to Florida Department of State | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR PEREZ, LIMARY 170 S. BARFIELD HWY. #101-A PAHOKEE, FL 33476 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR GLUCK, HILLIARD 170 S. BARFIELD HWY. #101-A PAHOKEE, FL 33476 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | | | |
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| 11. I hereby certify that the information supplied with this filing does not qualify 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 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:  DATE 1/27/05 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | | | | | |

20005260



01272005 Chg-LLC CR2E083 (10/03)

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

(NOTE: Registered Agent signature required when reinstating)

DATE

Make check payable to
Florida Department of State

MANAGING MEMBERS/MANAGERS

ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGR
PEREZ, LIMARY
170 S. BARFIELD HWY. #101-A
PAHOKEE, FL 33476

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGR
GLUCK, HILLIARD
170 S. BARFIELD HWY. #101-A
PAHOKEE, FL 33476

☐ Delete

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