

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 06, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000049322 1. Entity Name PRO DELTA, L.L.C.			
Principal Place of Business 11636 LAYTON STREET LEESBURG FL 34788		Mailing Address P.O. BOX 581 TAVARES FL 32778	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 05-0592316		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent ABREHAMSEN, MICHELE R 11636 LAYTON STREET LEESBURG FL 34788		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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 agree to, the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ABREHAMSEN, KENNETH 11636 LAYTON STREET LEESBURG FL 34788	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 000000423206 ☐ Change ☐ Add 02/17/06-80047-019 50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ABREHAMSEN, KENNETH 11636 LAYTON STREET LEESBURG FL 34788	☐ Delete	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ABREHAMSEN, MICHELE R 11636 LAYTON STREET LEESBURG FL 34788	☐ Delete	☐ Change ☐ Add
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	☐ Change ☐ Add

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 empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Michele R Abrahamsen* **Michele R Abrahamsen** 2-206 352-343-37