


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 31, 2008 8:00 am
Secretary of State

03-31-2008 90263 042 ***143.75

DOCUMENT # L03000052091			
1. Entity Name PROSER, LLC		Principal Place of Business 2532 EAGLE RUN CT WESTON, FL 33327 US	
2. Principal Place of Business - No P.O. Box # 1099 Waterbrook Lane		Mailing Address 10486 NW 31ST TERRACE MIAMI, FL 33172 US	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Weston, FL		City & State	
Zip 33326	Country USA	Zip	Country
6. Name and Address of Current Registered Agent STOLZENBERG, KEITH H ESQ RAFFERTY, HART, STOLZENBERG, ET AL 1401 BRICKELL AVE, STE 825 MIAMI, FL 33131		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 accept the obligations of registered agent.			
SIGNATURE		DATE	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MOLINA, MARIA J 2532 EAGLE RUN CT WESTON, FL 33327 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Maria J. Molina 1099 Waterbrook Lane Weston, FL 33326 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: <u>Maria J. Molina</u>		Date: <u>02/14/08</u>	Daytime Phone #: <u>786-325-8070</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date	Daytime Phone #

