


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 07, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000052221 1. Entity Name PRO SOLUTIONS LLC	
--	---

Principal Place of Business 6043 PINE VALLEY DRIVE ORLANDO, FL 32819	Mailing Address 6043 PINE VALLEY DRIVE ORLANDO, FL 32819
--	--



02042005 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 75-3139711	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**LOVE, JANA
6043 PINE VALLEY DRIVE
ORLANDO, FL 32819**

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	LOVE, JANA
STREET ADDRESS	6043 PINE VALLEY DRIVE
CITY-ST-ZIP	ORLANDO, FL 32819

TITLE	DS
NAME	SCHEER, KATIE
STREET ADDRESS	6043 PINE VALLEY DRIVE
CITY-ST-ZIP	ORLANDO, FL 32819

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000219240
02/08/05-80019-020 50.00

**DO NOT WRITE
IN THIS SPACE**

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:


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

2-5-05
Date

407-905-5316
Daytime Phone #