

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000008590

Entity Name: PRO-CARE, L.L.C.

FILED
Jun 15, 2009
Secretary of State

Current Principal Place of Business:

4419 SE 11TH PLACE
CAPE CORAL, FL 33904

New Principal Place of Business:

Current Mailing Address:

4419 SE 11TH PLACE
CAPE CORAL, FL 33904

New Mailing Address:

FEI Number: 20-0625015 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

KERRIGAN, DAVID C
4419 SE 11TH PLACE
CAPE CORAL, FL 33904 US

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/MANAGERS:

Title: MGRM () Delete
Name: KERRIGAN, DAVID C
Address: 4419 SE 11TH PLACE
City-St-Zip: CAPE CORAL, FL 33904

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: DAVID KERRIGAN

MGRM

06/15/2009

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