

# 2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000032270

**FILED**  
**Oct 12, 2005**  
**Secretary of State**

**Entity Name:** PROCORP, LLC

**Current Principal Place of Business:**

3520 AGRICULTURAL CENTER DR, STE 301  
ST AUGUSTINE, FL 32092

**New Principal Place of Business:**

8535-58 BAYMEADOWS ROAD  
JACKSONVILLE, FL 32256

**Current Mailing Address:**

3520 AGRICULTURAL CENTER DR, STE 301  
ST AUGUSTINE, FL 32092

**New Mailing Address:**

PO BOX 4289  
ST AUGUSTINE, FL 32085

**FEI Number:** **FEI Number Applied For (X)** **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:**

STUTSMAN & THAMES, P.A.  
121 WEST FORSYTH ST, STE 600  
JACKSONVILLE, FL 32202 US

**Name and Address of New Registered Agent:**

STUTSMAN AND THAMES  
121 WEST FORSYTH ST, STE 600  
JACKSONVILLE, FL 32202 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: BRAD MARKEY

10/12/2005

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGR ( ) Change (X) Addition  
Name: EWAN, BEAU O MGR  
Address: 8535-56 BAYMEADOWS ROAD  
City-St-Zip: JACKSONVILLE, FL 32256

I hereby certify that the information supplied with this filing does not qualify for the 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 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: BEAU OLIVER EWAN

MGR

10/12/2005

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