

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000032270

Entity Name: PROCORP, LLC

**FILED**  
**Mar 23, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

8535-58 BAYMEADOWS ROAD  
JACKSONVILLE, FL 32256

**New Principal Place of Business:**

8535 BAYMEADOWS ROAD  
62  
JACKSONVILLE, FL 32256

**Current Mailing Address:**

8535-58 BAYMEADIWS ROAD  
JACKSONVILLE, FL 32256

**New Mailing Address:**

8535 BAYMEADOWS ROAD  
62  
JACKSONVILLE, FL 32256

FEI Number: 55-0868974

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

STUTSMAN THAMES & MARKEY, P.A.  
50 N. LAURA STREET, SUITE 1600  
JACKSONVILLE, FL 32202 US

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

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: MGR  
Name: EWAN, FRED MGR  
Address: 8535-62 BAYMEADOWS ROAD  
City-St-Zip: JACKSONVILLE, FL 32256

Title: MGR  
Name: OZIMEK, ROBERT MGR  
Address: 8535-62 BAYMEADOWS ROAD  
City-St-Zip: JACKSONVILLE, FL 32256

I hereby 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: FRED EWAN

MGR

03/23/2010

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