


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 16, 2006 8:00 am
Secretary of State

03-16-2006 90031 026 ****50.00

DOCUMENT # L04000044892 1. Entity Name PROHOME OF CENTRAL FLORIDA LLC					
Principal Place of Business 7701 E KELLOGG STE-890 550 N. 154TH WICHITA KS 67207-67230 Suite 2000				Mailing Address 7701 E KELLOGG STE-890 550 N. 154TH WICHITA KS 67207-67230 Suite 2000	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
HALL, PATRICK D 385 INTERSTATE BLVD. 4185 King Richard Dr. SARASOTA FL 34240-34232				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> FL Zip Code </div>	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State. Due By May 1, 2006					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HALL, PATRICK D 385 INTERSTATE BLVD. 4185 King Richard Dr. SARASOTA FL 34240-34232		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Hall, Patrick D 4185 King Richard Dr Sarasota FL 34232	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SALMANS, JACK H 10896 SW 43RD TOWANDA KS 67144		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JOHNSON, LARRY W 1519 E. KAY DERBY KS 67037	
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		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		



1st MOORE CR2E083 (10/05)

4. FEI Number **77-0638889** Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

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

Date

Daytime Phone #

Larry W. Johnson Member / CFO 3/1/06 (316) 687-6776