

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000045152

**FILED**  
**Mar 18, 2010**  
**Secretary of State**

**Entity Name:** PRO PAINTERS PLUS, LLC

**Current Principal Place of Business:**

500 N. PALM AVENUE  
INDIALANTIC, FL 32903

**New Principal Place of Business:**

**Current Mailing Address:**

500 N. PALM AVENUE  
INDIALANTIC, FL 32903

**New Mailing Address:**

**FEI Number:** 20-1251406

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DEPPEN, ROSS E  
500 N. PALM AVENUE  
INDIALANTIC, FL 32903 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: MGRM  
Name: DEPPEN, ROSS E  
Address: 500 N. PALM AVENUE  
City-St-Zip: INDIALANTIC, FL 32903

Title: MGRM  
Name: DEMARSE, CHARLES  
Address: 500 N. PALM AVENUE  
City-St-Zip: INDIALANTIC, FL 32903

Title: MGRM  
Name: DEPPEN, INEZ R  
Address: 500 N. PALM AVENUE  
City-St-Zip: INDIALANTIC, FL 32903

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: ROSS DEPPEN

MGRM

03/18/2010

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