

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000074220

Entity Name: PRO-LURE, LLC

FILED
May 11, 2006
Secretary of State

Current Principal Place of Business:

175 PEARL AVE
TAVERNIER, FL 33070

New Principal Place of Business:

Current Mailing Address:

175 PEARL AVE
TAVERNIER, FL 33070

New Mailing Address:

FEI Number: 59-3787259 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:

JENKINS, JILL R
175 PEARL AVENUE
TAVERNIER, FL 33070 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 () Delete
Name: JENKINS, RICHARD T
Address: 175 PEARL AVE
City-St-Zip: TAVERNIER, FL 33070

Title: MGRM () Delete
Name: DC6, LLC,
Address: 97501 OVERSEAS HIGHWAY
City-St-Zip: KEY LARGO, FL 33037

Title: MGRM () Delete
Name: JENKINS, JILL R
Address: 175 PEARL AVE
City-St-Zip: TAVERNIER, FL 33070

ADDITIONS/CHANGES:

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: JILL JENKINS

MGRM

05/11/2006

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