

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000074220

FILED  
Apr 14, 2008  
Secretary of State

Entity Name: PRO-LURE, LLC

**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 ( )

**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: MGRM (X) Change ( ) Addition  
Name: DC6, LLC,  
Address: 94500 OVERSEAS HIGHWAY  
City-St-Zip: KEY LARGO, FL 33037

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

I hereby certify that the information supplied with this filing does not qualify 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

04/14/2008

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