

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000087092

Entity Name: E.R. PRO'S, LLC

**FILED**  
**Apr 05, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

10390 CYPRESS KNEE CIRCLE  
ORLANDO, FL 32825

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 780126  
ORLANDO, FL 328289997 US

**New Mailing Address:**

P.O. BOX 908  
INTERCESSION CITY, FL 338480908 US

FEI Number: 20-1242209

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

RAY, SAM  
10390 CYPRESS KNEE CIRCLE  
ORLANDO, FL 32825 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: RAY, SAM  
Address: P.O. BOX 908  
City-St-Zip: INTERCESSION CITY, FL 338480908 US

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: SAM RAY

MGR

04/05/2011

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