

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**DOCUMENT # L04000089322**

1. Entity Name  
**SITEPRO, LLC**



**FILED**  
**Jul 23, 2008 08:00 AM**  
**Secretary of State**

Principal Place of Business <b>362 GULF BREEZE PARKWAY #214 GULF BREEZE, FL 32561</b>	Mailing Address <b>362 GULF BREEZE PARKWAY #214 GULF BREEZE, FL 32561</b>
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07172008 No Chg-LLC      CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number <b>27-0112430</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

**HIBBERTS, VAN G**  
**362 GULF BREEZE PARKWAY #214**  
**GULF BREEZE, FL 32561**

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**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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75**  
**Due by September 12, 2008**

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

U00000956075  
07/23/08-80002-025 150.00

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGR
NAME	HIBBERTS, VAN G
STREET ADDRESS	362 GULF BREEZE PARKWAY #214
CITY-ST-ZIP	GULF BREEZE, FL 32561
TITLE	MGR
NAME	HIBBERTS, DEBORAH S
STREET ADDRESS	362 GULF BREEZE PARKWAY, # 214
CITY-ST-ZIP	GULF BREEZE, FL 32561
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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

Date: **7/21/2008**      Daytime Phone #: **850-934-6800**