

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000089322

FILED  
Aug 19, 2009  
Secretary of State

Entity Name: SITEPRO, LLC

**Current Principal Place of Business:**

362 GULF BREEZE PARKWAY #214  
GULF BREEZE, FL 32561

**New Principal Place of Business:**

**Current Mailing Address:**

362 GULF BREEZE PARKWAY #214  
GULF BREEZE, FL 32561

**New Mailing Address:**

FEI Number: 27-0112430      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
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:**

HIBBERTS, VAN G  
362 GULF BREEZE PARKWAY #214  
GULF BREEZE, FL 32561      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: HIBBERTS, VAN G  
Address: 362 GULF BREEZE PARKWAY #214  
City-St-Zip: GULF BREEZE, FL 32561

Title: MGR      ( ) Delete  
Name: HIBBERTS, DEBORAH S  
Address: 362 GULF BREEZE PARKWAY, # 214  
City-St-Zip: GULF BREEZE, FL 32561

**ADDITIONS/CHANGES:**

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 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: VAN G. HIBBERTS

MGR

08/19/2009

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