

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000002340

Entity Name: PRO-X LLC

FILED
Mar 09, 2008
Secretary of State

Current Principal Place of Business:

2437 US1 SOUTH
ST. AUGUSTINE, FL 32086

New Principal Place of Business:

Current Mailing Address:

1011 QUEEN ROAD
ST. AUGUSTINE, FL 32086

New Mailing Address:

173 DOG BRANCH ROAD
EAST PALATKA, FL 32131

FEI Number: 20-2120032

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SKINNER, JEFFREY A
1011 QUEEN ROAD
ST. AUGUSTINE, FL 32086 US

Name and Address of New Registered Agent:

SKINNER, JEFFREY A
173 DOG BRANCH ROAD
EAST PALATKA, FL 32131 US

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:

03/09/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SKINNER, JEFFREY A
Address: 1011 QUEEN ROAD
City-St-Zip: ST. AUGUSTINE, FL 32086

Title: MGRM () Delete
Name: SKINNER, RYAN J
Address: 1011 QUEEN ROAD
City-St-Zip: ST. AUGUSTINE, FL 32086

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SKINNER, JEFFREY A
Address: 173 DOG BRANCH ROAD
City-St-Zip: EAST PALATKA, FL 32131

Title: MGRM (X) Change () Addition
Name: SKINNER, RYAN J
Address: 173 DOG BRANCH ROAD
City-St-Zip: EAST PALATKA, FL 32131

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: JEFFREY SKINNER

MGRM

03/09/2008

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