2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 25, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000026090

1. Entity Name
THE PROSHOP LLC

Principal Place of Business	Mailing Address
2221 PARTIN SETTLEMENT RD KISSIMMEE, FL 34744 US	2064 BEARING LN KISSIMMEE, FL 34744 US

07172007No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-2518071
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

MIGNAULT, DANIEL R
2064 BEARING LN
KISSIMMEE, FL 34744

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by September 14, 2007

U00000770504
07/25/07-80006-012 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MR
NAME	MIGNAULT, DANIEL R
STREET ADDRESS	2064 BEARING LN
CITY-ST-ZIP	KISSIMMEE, FL 34744
TITLE	MRS
NAME	MIGNAULT, AMAYA
STREET ADDRESS	2064 BEARING LN
CITY-ST-ZIP	KISSIMMEE, FL 34744
TITLE	MGRM
NAME	MIGNAULT, AMAYA
STREET ADDRESS	2221 PARTIN SETTLEMENT RD
CITY-ST-ZIP	KISSIMMEE, FL 34744
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: Amaya Mignault 7/17/07 321-284-4122
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #