

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000036765

FILED
Apr 23, 2008
Secretary of State

Entity Name: PRO FINISHING LLC

Current Principal Place of Business:

12065 SHADOW RIDGE BLVD
HUDSON, FL 34669

New Principal Place of Business:

Current Mailing Address:

12065 SHADOW RIDGE BLVD
HUDSON, FL 34669

New Mailing Address:

FEI Number: 22-3877716

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DRUM, THOMAS G
12065 SHADOW RIDGE BLVD
HUDSON, FL, FL 34669 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: DRUM, THOMAS G
Address: 12065 SHADOW RIDGE BLVD
City-St-Zip: HUDSON, FL 34669

Title: MGR () Delete
Name: DADDONA, JOEL D
Address: 9506 GRAY FOX
City-St-Zip: NEW PORT RICHEY, FL 34667 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR () Change (X) Addition
Name: NITZ, MIKE
Address: 9506 GRAY FOX
City-St-Zip: NEW PORT RICHEY, FL 34667 US

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: MIKE NITZ

MGR

04/23/2008

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