

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000037349

Entity Name: PRO PIPE SOLUTIONS, LLC.

FILED  
Mar 03, 2006  
Secretary of State

## Current Principal Place of Business:

412 BEAUREGARD AVE.  
PALM BAY, FL 32907 US

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 100558  
PALM BAY, FL 32910 US

## New Mailing Address:

FEI Number: 42-1682373      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

WALDRON-WHITE, KRISTINE M  
412 BEAUREGARD AVE.  
PALM BAY, FL 32907 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: ( ) Delete  
Name:  
Address:  
City-St-Zip:

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

## ADDITIONS/CHANGES:

Title: MGRM ( ) Change (X) Addition  
Name: WALDRON-WHITE, KRISTINE M  
Address: 412 BEAUREGARD AVE.  
City-St-Zip: PALM BAY, FL 32907 US

Title: MGRM ( ) Change (X) Addition  
Name: WHITE, EDDIE J  
Address: 412 BEAUREGARD AVE  
City-St-Zip: PALM BAY, FL 32907 US

I hereby certify that the information supplied with this filing does not qualify for the 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: KRISTINE M. WALDRON-WHITE

MGRM

03/03/2006

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