

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 12, 2007 8:00 am
Secretary of State

04-12-2007 90179 029 ****50.00

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DOCUMENT # L06000001983 1. Entity Name SIMPRO, L.L.C.					
Principal Place of Business 801 N.E. 10TH STREET POMPAN0 BEACH, FL 33060			Mailing Address 801 N.E. 10TH STREET POMPAN0 BEACH, FL 33060		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 32535 WOLF BRANCH LN			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State SORRENT0, FL		03072007 Chg-LLC CR2E083 (12/06)	
Zip		Country		4. FEI Number 06-1765163	
Zip 32776		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent MAGNO, SHERRY 801 N.E. 10TH STREET POMPAN0 BEACH, FL 33060			7. Name and Address of New Registered Agent Name SHERRY MAGNO Street Address (P.O. Box Number is Not Acceptable) 32535 WOLF BRANCH LN City SORRENT0 FL Zip Code 32776		
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 <i>Sherry Magno</i> SHERRY MAGNO DATE 4-10-07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2007			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MCCORMACK, R. CLARK 801 N.E. 10TH STREET POMPAN0 BEACH, FL 33060	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BLISS, MICHAEL 801 N.E. 10TH STREET POMPAN0 BEACH, FL 33060	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>Sherry Magno</i> SHERRY MAGNO			Date 4-10-07 Daytime Phone # 352-385-0092		