

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000002146

FILED
Feb 08, 2007
Secretary of State

Entity Name: PRO-MOTION LOGISTICS LLC

Current Principal Place of Business:

13138 SW 44TH ST.
MIRAMAR, FL 33027

New Principal Place of Business:

2656 SUNSET LAKE DRIVE
CAPE CORAL, FL 33909

Current Mailing Address:

13138 SW 44TH ST.
MIRAMAR, FL 33027

New Mailing Address:

2656 SUNSET LAKE DRIVE
CAPE CORAL, FL 33909

FEI Number: 20-4067018

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

RAINER, JASON T
13138 SW 44TH ST.
MIRAMAR, FL 33027 US

Name and Address of New Registered Agent:

MCLAUGHLIN, SHON G
2656 SUNSET LAKE DRIVE
CAPE CORAL, FL 33909 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: SHON MCLAUGHLIN

02/08/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: RAINER, JASON T
Address: 13138 SW 44TH ST
City-St-Zip: MIRAMAR, FL 33027

Title: MGRM () Delete
Name: MCLAUGHLIN, SHON G
Address: 8245 PACIFIC BEACH DR.
City-St-Zip: FORT MYERS, FL 33912

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change () Addition
Name: MCLAUGHLIN, SHON G
Address: 2656 SUNSET LAKE DRIVE
City-St-Zip: CAPE CORAL, FL 33909

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: SHON MCLAUGHLIN

MGRM

02/08/2007

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