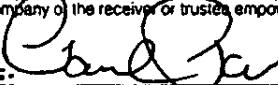


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

2/1

FILED
Mar 24, 2008 8:00 am
Secretary of State

02-22-2008 90042 007 ***138.75

DOCUMENT # L06000042261					
1. Entity Name PALPRO HOLDINGS, LLC					
Principal Place of Business 5923 OLD CHENEY HWY. ORLANDO, FL 32807			Mailing Address 5923 OLD CHENEY HWY. ORLANDO, FL 32807		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	02122008 Chg-LLC CR2E083 (12/06) 4. FEI Number 20-4917699 Applied For ☒ Not Applicable ☐ 5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
PROCTOR, DERICK... 5923 OLD CHENEY HWY. ORLANDO, FL 32807				Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE	MGM	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	PROCTOR, DERICK		NAME		
STREET ADDRESS	5923 OLD CHENEY HWY.		STREET ADDRESS		
CITY - ST - ZIP	ORLANDO, FL 32807		CITY - ST - ZIP		
TITLE	MGM	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	PALESTRINI, PAUL		NAME		
STREET ADDRESS	5923 OLD CHENEY HWY.		STREET ADDRESS		
CITY - ST - ZIP	ORLANDO, FL 32807		CITY - ST - ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
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: 				2/12/09 772-473-4752 Date Daytime Phone #	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					