

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 14, 2008 8:00 am
Secretary of State

05-14-2008 90082 043 ***138.75

60041100



DOCUMENT # L06000063553 1. Entity Name PRO-MOTION USA, LLC																													
Principal Place of Business 1800 OLD MOODY BLVD BUNNELL, FL 32110			Mailing Address 216 ST JOE PLAZA DRIVE PALM COAST, FL 32164																										
2. Principal Place of Business - No P.O. Box #		3. Mailing Address PO Box 353495																											
Suite, Apt. #, etc.		Suite, Apt. #, etc.																											
City & State		City & State Palm Coast FL		4. FEI Number 20-5060766																									
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required																									
Zip		Country		04222008 Chg-LLC CR2E083 (12/06)																									
6. Name and Address of Current Registered Agent SAWYER, JEFFREY C 5 KALAMAZOO TRAIL PALM COAST, FL 32164			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>																										
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>																													
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State																											
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> 9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">MGRM</td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>SAWYER, JEFFREY C</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>5 KALAMAZOO TRAIL</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>PALM COAST, FL 32164</td> <td></td> </tr> </table> </div> <div style="width: 45%;"> 10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;"></td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> </div>						TITLE	MGRM	<input type="checkbox"/> Delete	NAME	SAWYER, JEFFREY C		STREET ADDRESS	5 KALAMAZOO TRAIL		CITY-ST-ZIP	PALM COAST, FL 32164		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
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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: Jeffrey C Sawyer - MGRM 4/25/08 x 386 445-9825 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>																													