

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000012771

FILED  
Jul 01, 2008  
Secretary of State

**Entity Name:** PROHOME SOUTHEAST FLORIDA, LLC

**Current Principal Place of Business:**

3391 W VINE ST  
STE 303  
KISSIMMEE, FL 34741

**New Principal Place of Business:**

**Current Mailing Address:**

550 N 159TH EAST  
STE 2000  
WICHITA, KS 67230

**New Mailing Address:**

FEI Number: 20-8370827      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

HALL, PATRICK D  
4185 KING RICHARD DR  
SARASOTA, FL 34232      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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM      ( ) Delete  
Name: SALMANS, JACK H  
Address: 10896 SW 43RD TERRACE  
City-St-Zip: TOWANDA, KS 67144

Title: MGRM      ( ) Delete  
Name: HALL, PATRICK D  
Address: 4185 KING RICHARD DR  
City-St-Zip: SARASOTA, FL 34232

**ADDITIONS/CHANGES:**

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

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

I hereby certify that the information supplied with this filing does not qualify 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: JACK H SALMANS

MGRM

07/01/2008

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