

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000053655

**FILED**  
**Mar 19, 2011**  
**Secretary of State**

**Entity Name:** DETAIL-PRO SUPPLIES, LLC

**Current Principal Place of Business:**

14560 GLEN COVE DR  
UNIT #602  
FT. MYERS, FL 33919

**New Principal Place of Business:**

**Current Mailing Address:**

14560 GLEN COVE DR  
UNIT #602  
FT. MYERS, FL 33919

**New Mailing Address:**

**FEI Number:** 41-2240252

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CHRISTENSEN, SUZANNE F  
14560 GLEN COVE DR  
UNIT 602  
FT. MYERS, FL 33919 US

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

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  
**Name:** CHRISTENSEN, SUZANNE F  
**Address:** 14560 GLEN COVE DR # 602  
**City-St-Zip:** FT. MYERS, FL 33919

**Title:** MGRM  
**Name:** CHRISTENSEN, MATTHEW L  
**Address:** 4835 BONITA BEACH RD #409  
**City-St-Zip:** BONITA SPRINGS, FL 34134

I hereby 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: SUZANNE F. CHRISTENSEN

MGRM

03/19/2011

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