

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000090739

FILED
Apr 29, 2009
Secretary of State

Entity Name: PRO WATCH HOME SERVICES, LLC

Current Principal Place of Business:

11934 CYPRESS LINKS DR
FT MYERS, FL 33913

New Principal Place of Business:

11934 CYPRESS LINKS DR
FORT MYERS, FL 33913

Current Mailing Address:

% JOHN M WICKLER - COSTELLO & ROYSTON
P O DRAWER 60205
FT MYERS, FL 33906

New Mailing Address:

C/O JOHN M. WICKER, P.A.
P.O. DRAWER 60205
FORT MYERS, FL 33906

FEI Number: 26-0832803

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JOHN M. WICKER, P.A.
12670 NEW BRITTANY BLVD
STE 101
FT MYERS, FL 33907 US

Name and Address of New Registered Agent:

WICKER, JOHN M
12670 NEW BRITTANY BLVD
STE 101
FORT MYERS, FL 33907 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: JOHN M. WICKER

04/29/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MORRIS, MONICA
Address: 11934 CYPRESS LINKS DR
City-St-Zip: FT MYERS, FL 33913

Title: MGRM () Delete
Name: POIRIER, ROBERT
Address: 12632 IVORY STONE LOOP
City-St-Zip: FT MYERS, FL 33913

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: MONICA MORRIS

MGRM

04/29/2009

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