

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 10, 2008 8:00 am
Secretary of State

02-01-2008 90044 037 ***150.00

DOCUMENT # L07000109197 1. Entity Name PROSUPPLY, LLC																													
Principal Place of Business 6251 44TH STREET NORTH 1921 PINELLAS PARK, FL 33781			Mailing Address 6251 44TH STREET NORTH 1921 PINELLAS PARK, FL 33781																										
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country																										
4. FEI Number <div style="font-size: 1.2em; font-family: cursive;">26-1321581</div>				Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				6. Name and Address of Current Registered Agent SCHIERHOLZ, JOHN C 6251 44TH STREET NORTH 1921 PINELLAS PARK, FL 33685 33781																									
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code 33781				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's signature required when reappointing) DATE _____																									
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: 15%;">TITLE</td> <td style="width: 65%;">MGRM</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>PRO-CRETE SYSTEMS, INC.</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>6251 44TH STREET NORTH, SUITE 1921</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>PINELLAS PARK, FL 33781</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: 15%;">TITLE</td> <td style="width: 65%;"></td> <td style="width: 20%; 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	PRO-CRETE SYSTEMS, INC.		STREET ADDRESS	6251 44TH STREET NORTH, SUITE 1921		CITY - ST - ZIP	PINELLAS PARK, FL 33781		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY - ST - ZIP		
TITLE	MGRM	<input type="checkbox"/> Delete																											
NAME	PRO-CRETE SYSTEMS, INC.																												
STREET ADDRESS	6251 44TH STREET NORTH, SUITE 1921																												
CITY - ST - ZIP	PINELLAS PARK, FL 33781																												
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																											
NAME																													
STREET ADDRESS																													
CITY - ST - ZIP																													
TITLE: MGR NAME: SCHIERHOLZ, JOHN C STREET ADDRESS: 6251 44TH STREET NORTH, SUITE 1921 CITY - ST - ZIP: PINELLAS PARK, FL 33781			TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition CITY - ST - ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition																										
TITLE: MGR NAME: DOYLE, GREG STREET ADDRESS: 6251 44TH STREET NORTH, SUITE 1921 CITY - ST - ZIP: PINELLAS PARK, FL 33781			TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition CITY - ST - ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition																										
TITLE: <input type="checkbox"/> Delete NAME: <input type="checkbox"/> Delete STREET ADDRESS: <input type="checkbox"/> Delete CITY - ST - ZIP: <input type="checkbox"/> Delete			TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition CITY - ST - ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition																										
TITLE: <input type="checkbox"/> Delete NAME: <input type="checkbox"/> Delete STREET ADDRESS: <input type="checkbox"/> Delete CITY - ST - ZIP: <input type="checkbox"/> Delete			TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition CITY - ST - ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition																										
TITLE: <input type="checkbox"/> Delete NAME: <input type="checkbox"/> Delete STREET ADDRESS: <input type="checkbox"/> Delete CITY - ST - ZIP: <input type="checkbox"/> Delete			TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition CITY - ST - ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition																										
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 prepare this report as required by Chapter 608, Florida Statutes.																													
SIGNATURE:				Date: 1/7/2008 Daytime Phone: 727-526-8090																									
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE																													

30001659



01072008 Chg-LLC CR2E083 (12/06)