


# 2008 LIMITED LIABILITY COMPANY-- ANNUAL REPORT

**FILED**  
**Apr 07, 2008 8:00 am**  
**Secretary of State**

04-07-2008 90234 012 \*\*\*138.75

<b>DOCUMENT # L07000127058</b> 1. Entity Name <b>PALLET PRO, L.L.C.</b>			
Principal Place of Business <b>109 OAK TREE LANE PALATKA, FL 32177</b>		Mailing Address <b>109 OAK TREE LANE PALATKA, FL 32177</b>	
2. Principal Place of Business - No P.O. Box # <b>125 Peavine Court</b>		3. Mailing Address <b>125 Peavine Court</b>	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State <b>Palatka, FL</b>		City & State <b>Palatka, FL</b>	
Zip <b>32177</b>		Zip <b>32177</b>	
Country <b>USA</b>		Country 	
4. FEI Number <b>33-1191982</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>RYAN, DAVE 109 OAK TREE LANE PALATKA, FL 32177</b>		7. Name and Address of New Registered Agent Name <b>Shelor, Dwayne</b> Street Address (P.O. Box Number is Not Acceptable) <b>125 Peavine Court</b> City <b>Palatka</b> <b>FL</b> Zip Code <b>32177</b>	
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 <u><i>Ronald Dwayne Shelor</i></u> <u><i>Shelor</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>		Make check payable to <b>Florida Department of State</b>	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RYAN, DAVE 109 OAK TREE LANE PALATKA, FL 32177	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SHELOR, DEWAYNE 1500 ROSELLE AVENUE PALATKA, FL 32177	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<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 execute this report as required by Chapter 608, Florida Statutes.			
SIGNATURE: <u><i>Ronald Dwayne Shelor</i></u>		Date <u><i>4/3/2008</i></u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			