

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000002394

Entity Name: PROCEEEO SOLUTIONS, LLC

FILED
Mar 04, 2009
Secretary of State

Current Principal Place of Business:

4185 W. LAKE MARY BLVD. SUITE 210
LAKE MARY, FL 32746

New Principal Place of Business:

1631 STOCKTON DRIVE
SANFORD, FL 32771

Current Mailing Address:

4185 W. LAKE MARY BLVD. SUITE 210
LAKE MARY, FL 32746

New Mailing Address:

1631 STOCKTON DRIVE
SANFORD, FL 32771

FEI Number: 26-1690773

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MCKEE, SANDRA
4185 W. LAKE MARY BLVD. SUITE 210
LAKE MARY, FL 32746 US

Name and Address of New Registered Agent:

NELSON, SEVERNIA
1631 STOCKTON DRIVE
SANFORD, FL 32771 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: SEVERNIA NELSON

03/04/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MCKEE, SANDRA
Address: 4185 W. LAKE MARY BLVD. SUITE 210
City-St-Zip: LAKE MARY, FL 32746

Title: MGRM () Delete
Name: MYERS, JONATHAN
Address: 4185 W. LAKE MARY BLVD. SUITE 210
City-St-Zip: LAKE MARY, FL 32746

Title: MGRM (X) Delete
Name: GARFLADN, VANASE
Address: 4185 W. LAKE MARY BLVD. SUITE 210
City-St-Zip: LAKE MARY, FL 32746

Title: MGRM () Delete
Name: NELSON, SEVERNIA
Address: 4185 W. LAKE MARY BLVD. SUITE 210
City-St-Zip: LAKE MARY, FL 32746

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: LEVEQUE, DARLA
Address: 1631 STOCKTON DRIVE
City-St-Zip: SANFORD, FL 32771

Title: MGRM (X) Change () Addition
Name: HENINGER, DEBORAH
Address: 1631 STOCKTON DRIVE
City-St-Zip: SANFORD, FL 32771

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

Title: MGRM (X) Change () Addition
Name: NELSON, SEVERNIA
Address: 1631 STOCKTON DRIVE
City-St-Zip: SANFORD, FL 32771

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: SEVERNIA NELSON

MGRM

03/04/2009

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