2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000016212

Entity Name: PROUNITED, L.L.C.

FILED Apr 19, 2011 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

2520 CORAL WAY 2263 SW 21ST TERRACE

SUITE 2-289 MIAMI, FL 33145 MIAMI, FL 33145

Current Mailing Address: New Mailing Address:

72 SHELDON RD. 2263 SW 21ST TERRACE

TAMPA, FL 33615 MIAMI, FL 33145

FEI Number: 32-0243570 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

SALGADO, CHRISTOPHER J
2520 CORAL WAY
2520 CORAL WAY
2263 SW 21ST TERRACE
SUITE 2-289
MIAMI, FL 33145 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: 04/19/2011

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR

MIAMI, FL 33145 US

Name: SALGADO, CHRISTOPHER J Address: 2263 SW 21ST TERRACE

City-St-Zip: MIAMI, FL 33145

Title: MGRM

Name: SHAVER, THOMAS Address: 5124 MANOR RIDGE COURT

City-St-Zip: WESTERVILLE, OH 43082

Title: MGRM

Name: MARDINI, SAMIR

Address: 15 1ST STREET SE #2103 City-St-Zip: ROCHESTER, MN 55904

Title: MGRM

 Name:
 MERCADO, PETER

 Address:
 72 SHELDON ROAD

 City-St-Zip:
 TARRYTOWN, NY 10591

Title: MGRM Name: OBAID, TAREK

Address: 2263 SW 21ST TERRACE City-St-Zip: MIAMI, FL 33145

Title: MGRM

 Name:
 MARCANTONI, HENRY

 Address:
 2263 SW 21ST TERRACE

 City-St-Zip:
 MIAMI, FL 33145

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 Statues.

SIGNATURE: CHRISTOPHER SALGADO MGR 04/19/2011

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