

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000048855

**FILED**  
**Jan 18, 2010**  
**Secretary of State**

**Entity Name:** PRO LIGHTNING, LLC

**Current Principal Place of Business:**

538 WEST STREET  
DAYTONA BEACH, FL 32114 US

**New Principal Place of Business:**

**Current Mailing Address:**

538 WEST STREET  
DAYTONA BEACH, FL 32114 US

**New Mailing Address:**

**FEI Number:** 26-2623921

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

CARTER, CHERYL A  
538 WEST STREET  
DAYTONA BEACH, FL 32114 US

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

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR  
**Name:** CARTER, CHERYL A  
**Address:** 773 HAWKS RIDGE ROAD  
**City-St-Zip:** PORT ORANGE, FL 32127 US

**Title:** MGR  
**Name:** WIGGINS, BILLY E SR.  
**Address:** 6052 HENSEL ROAD.  
**City-St-Zip:** PORT ORANGE, FL 32127 US

**Title:** MGR  
**Name:** MCELROY, WILLIAM  
**Address:** 538 WEST STREET  
**City-St-Zip:** DAYTONA BEACH, FL 32114 US

**Title:** MGR  
**Name:** WIGGINS, BILLY E JR  
**Address:** 5470 CARMODY LAKE DRIVE  
**City-St-Zip:** PORT ORANGE, FL 32128 US

**Title:** MGR  
**Name:** WIGGINS, JOSEPH  
**Address:** 484 OAKLAND PARK BLVD.  
**City-St-Zip:** PORT ORANGE, FL 32127 US

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 Statutes.

**SIGNATURE:** CHERYL CARTER

MGR

01/18/2010

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