

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000004451

FILED  
Jan 06, 2010  
Secretary of State

**Entity Name:** PRO CARE PROPERTY SPECIALISTS, LLC

**Current Principal Place of Business:**

705 E. OAK STREET  
SUITE C  
KISSIMMEE, FL 34744 US

**New Principal Place of Business:**

1130 E DONEGAN AVE  
SUITE 4  
KISSIMMEE, FL 34744 US

**Current Mailing Address:**

705 E. OAK STREET  
SUITE C  
KISSIMMEE, FL 34744 US

**New Mailing Address:**

1130 E DONEGAN AVE  
SUITE 4  
KISSIMMEE, FL 34744 US

**FEI Number:** 26-4086180

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MILLER, MARGARET  
705 E. OAK STREET  
SUITE C  
KISSIMMEE, FL 34744 US

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

MILLER, MARGARET  
1130 E DONEGAN AVE  
SUITE 4  
KISSIMMEE, FL 34744 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:

01/06/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: OWEN, CHARLES W  
Address: 4965 ALITA TERRACE  
City-St-Zip: ST. CLOUD, FL 34769

Title: MGRM  
Name: OWEN, PHILLIP D  
Address: 1842 SAILFISH COURT  
City-St-Zip: KISSIMMEE, FL 34744

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: PHILLIP OWEN

MGRM

01/06/2010

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