

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000020911

**FILED**  
**Mar 30, 2010**  
**Secretary of State**

**Entity Name:** PROPS PLUS, LLC

**Current Principal Place of Business:**

18322 QUADRILLE AVE  
PORT CHARLOTTE, FL 33948 US

**New Principal Place of Business:**

**Current Mailing Address:**

18322 QUADRILLE AVE  
PORT CHARLOTTE, FL

**New Mailing Address:**

18322 QUADRILLE AVE  
PORT CHARLOTTE, FL 33948 US

**FEI Number:** 26-4377624

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HADLEY, DALE R  
18322 QUADRILLE AVE  
PORT CHARLOTTE, FL 33948 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: HADLEY, DALE R  
Address: 18322 QUADRILLE AVE  
City-St-Zip: PORT CHARLOTTE, FL 33948 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: DALE R. HADLEY

MGR

03/30/2010

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