

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000106640

**Entity Name:** PRO LIFESTYLE MANAGEMENT "LLC"

**FILED**  
**Apr 22, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

350 NW 40 STREET  
DEERFIELD BEACH, FL 33064

**New Principal Place of Business:**

350 NW 40 STREET  
DEERFIELD BEACH, FL 33064 US

**Current Mailing Address:**

P.O. BOX 5714  
LIGHTHOUSE POINT, FL 33074

**New Mailing Address:**

P.O. BOX 5714  
LIGHTHOUSE POINT, FL 33074 US

FEI Number: 27-3663618

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

TIMAR, BILL  
1369 E. SAMPLE ROAD  
POMPANO BEACH, FL 33064 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: MS  
Name: HILAIRE, WISLANDE  
Address: 350 NW 40 STREET  
City-St-Zip: POMPANO BEACH, FL 33064 US

Title: MS  
Name: MCKINNEY, ANTOINETTE  
Address: P.O. BOX 2441  
City-St-Zip: HALLANDALE, FL 33008 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: WISLANDE HILAIRE

MS

04/22/2011

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