

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000125881

**FILED**  
**Jun 13, 2012**  
**Secretary of State**

**Entity Name:** TRU-PRO'S LLC

**Current Principal Place of Business:**

5818 NEW PARIS  
ELLENTON, FL 34222 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1279  
ELLENTON, FL 34222 US

**New Mailing Address:**

**FEI Number:** 45-4058971      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

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

WILLIAMS, UPTON T  
5818 NEW PARIS WAY  
ELLENTON, FL 34222 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:** MGRM  
**Name:** WILLIAMS, UPTON T  
**Address:** P.O.BOX 1279  
**City-St-Zip:** ELLENTON, FL 34222 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: UPTON T. WILLIAMS

MGRM

06/13/2012

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