2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND THE OF PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

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DOCUMENT # L9900007153 1. Entity Name PROCON CONSTRUCTION SERVICES, LLC							FILED 01 APR 10 AM 7: 52				
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Principal Place of Business Mailing Address							SECRETARY OF STATE TALLAHASSEE, FLORIDA				
2763 WEST ORCHARD CIRCLE			2763 WEST ORCI	2763 WEST ORCHARD CIRCLE			177	h., i., 891574.	JOEE11 EO	יינטויו	•
DAVIE FL 33328 DAVIE FL 33328											
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & Stat	to		City & State							Ta	
City & State			City & State			4. FEI N	10mber 65-0	957302	-	+	ied For Applicable
Zip	[(Country	Zip	Cou	ntry	5. Certi	ficate of Status D	Desired [\$5.00 Fee Re		onal
	6. Name and	Address of Current	Registered Agent		T	7. Nam	e and Address o	of New Regis		Julieu	
					Name						
WILSON, JAY 2763 W ORCHARD CIRCLE DAVIE FL 33328					Street Addre	ss (P.O. Box N	lumber is Not Ac	ceptable)			
							 -			-	
					City				FL Zip	Code	·- <u></u> -
8. The above	named entity su	omits this statement for	r the purpose of chang	ing its register	red office or regis	stered agent.	or both, in the Sta	ate of Florida.			
8. The above	named entity su	omits this statement for	r the purpose of chang	ning its register	red office or regis	stered agent,	or both, in the Sta	ate of Florida.			
8. The above		omits this statement for			red office or regis			ate of Florida.	DATE		
			and title if applicable.	(NOTE: Registere	ed Agent signature req	uired when reinstatii	8000	0040	DATE 1722	9-	
			and title if applicable.	(NOTE: Registere	ed Agent signature req	uired when reinstati	90 <u>00</u>)() 4 () 04/19/0	DATE 1722	0°	- <u>2</u>
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9. TITLE	Signature, typed or on MGRM WILSON, JA	MANAGING MEMBE	FII Make Che	(NOTE: Registers LE NOW!!! ck Payable 1 10. TITL NAM	FEE IS \$50.0 to Departmen	uired when reinstati	8000)()-4 () 04/19/0 *****50	DATE 1722 1-01023 .00 ***	~-02 **50).00
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