**FILED** 2002 UNIFORM BUSINESS REPORT (UBR) May 08, 2002 8:00 am Secretary of State DOCUMENT # L9900009267 1. Entity Name 05-08-2002 90078 042 \*\*\*\*55.00 PRO-CON SERVICES, LLC Principal Place of Business Mailing Address 6778 OLD PASCO ROAD 6778 OLD PASCO ROAD WESLEY CHAPEL FL 33544 WESLEY CHAPEL FL 33544 956609 2. Principal Place of Business 3. Mailing Address 13306 Winding Oak Ct 13306 Winding Oak Ct. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3614926 ampa lampa Not Applicable Country \$5.00 Additional 6. Name and Address of Current Registered Agent 5. Certificate of Status Desired 33612 Hillsburgh Fee Required 7. Name and Address of New Registered Agent Miller Russel MILLER, RUSSEL S Street Address (P.O. Box Number is Not Acceptable) 6778 OLD PASCO ROAD **WESLEY CHAPEL FL 33544** 13306 Juniadine Zip Code 3 3612 Tampa 8. 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES TITLE **MGRM** □ Defete TITLE **Change** ☐ Addition NAME MILLER, RUSSEL S NAME 6236 Bridleford Pr. 5. STREET ADDRESS 6778 OLD PASCO ROAD STREET ADDRESS CITY-ST-ZIP WESLEY CHAPEL FL 33544 CITY-ST-ZIP Wesley Chapel, FL 33544 TITLE Delete TITLE **X** Change ☐ Addition NAME MILLER, SUSAN C NAME STREET ADDRESS 6778 OLD PASCO ROAD Bridleford Dr. S. STREET ADDRESS CITY-ST-ZIP **WESLEY CHAPEL FL 33544** CITY-ST-7IF Wesley Chapel, FL 33544 ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

SIGNATURE: