

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000010556

**Entity Name:** PRO HOME ORGANIZERS LLC

**Current Principal Place of Business:**

401 COMMERCIAL CT  
SUITE D  
VENICE, FL 34292

**Current Mailing Address:**

401 COMMERCIAL CT  
SUITE D  
VENICE, FL 34292

**FEI Number:** 47-2841631

**Certificate of Status Desired:** No

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

SLOAN, PAUL  
401 COMMERCIAL CT  
SUITE D  
VENICE, FL 34292 US

*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

**Authorized Person(s) Detail :**

Title AMBR  
Name WARD, BARBARA A  
Address 401 COMMERCIAL CT / SUITE D  
City-State-Zip: VENICE FL 34292

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** BARBARA WARD

MGRM

04/08/2016

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date