

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000096185

FILED
Jul 15, 2009
Secretary of State

Entity Name: PROTEK SOLUTIONS, LLC

Current Principal Place of Business:

356 WINGEDFOOT RD
PALM SPRINGS, FL 33461

New Principal Place of Business:

Current Mailing Address:

356 WINGEDFOOT RD
PALM SPRINGS, FL 33461

New Mailing Address:

FEI Number: 26-3524081 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

CONNORS, WILLIAM C II
356 WINGEDFOOT RD
PALM SPRINGS, FL 33461 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

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: CONNORS, WILLIAM C II
Address: 356 WINGEDFOOT RD
City-St-Zip: PALM SPRINGS, FL 33461

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: JULIE, BROCK
Address: 356 WINGEDFOOT RD
City-St-Zip: PALM SPRINGS, FL 33461

Title: MGR () Change (X) Addition
Name: WILLIAM, C C
Address: 356 WINGED FOOT RD.
City-St-Zip: PALM SPRINGS, FL 33461

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: WILLIAM C CONNORS

MR

07/15/2009

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