

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000076551

**Entity Name:** PRO-TRANSMISSIONS OF CENTRAL FLORIDA, LLC

**Current Principal Place of Business:**

1605 N WOODLAND BLVD  
DELAND, FL 32720

**Current Mailing Address:**

1605 N WOODLAND BLVD  
DELAND, FL 32720

**FEI Number:** 26-4031624

**Certificate of Status Desired:** No

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

SAGE, DAN E  
2833 BEAL ST  
DELTONA, FL 32738 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 MGRM  
Name SAGE, DAN E  
Address 2833 BEAL ST  
City-State-Zip: DELTONA FL 32738

*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:** DAN E. SAGE

MGR

02/20/2015

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

\_\_\_\_\_ Date