

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000071809

**Entity Name:** PROKOLS LLC

**Current Principal Place of Business:**

450 SANDY KEY  
MELBOURNE BEACH, FL 32951

**Current Mailing Address:**

450 SANDY KEY  
MELBOURNE BEACH, FL 32951

**FEI Number:** 45-5375303

**Certificate of Status Desired:** No

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

MILUCKY, JAMES JCPA  
1280 US HIGHWAY 1  
MALABAR, FL 32950 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 MGR  
Name MIYASAKI, MICHAEL A  
Address 5665 GILGUNN WAY  
City-State-Zip: SACRAMENTO CA 95822

Title MGR  
Name MIYASAKI, BRANDON M  
Address 5665 GILGUNN WAY  
City-State-Zip: SACRAMENTO CA 95822

Title MGR  
Name STRATEGIC DENTAL ALLIANCE  
Address 20350 VIA BADALONA  
City-State-Zip: YORBA LINDA CA 92887

Title MGRM  
Name CORESTRENGTH, INC.  
Address 450 SANDY KEY  
City-State-Zip: MELBOURNE BEACH FL 32951

*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:** JEFFREY GOODMAN

MEMBER

04/30/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date