DOCUMENT # L0000016221 1. Entity Name PRO-TEKNIC SOUTH, LLC					FILED							
						210		PM 3:	• -			
Principal Place of Business		Mailing A	Mailing Address				SECR TALLA	ETARY HASSE	OF STA	TE.		
621 NW 53RD STREET			621 NW 53RD STREET						C) FLUI	NUA		
SUITE 255 BOCA RATON FL 33487		Suite 2: Boca Ri	55 ATON FL 33487									
							1 19)(1)) 3)) 13) ()			1101 1101 PÅ	<u> </u>	
2. Principal Place of Business		3. Mailing	3. Mailing Address									
Suite, Apt. #, etc.		Suite, A	Suite, Apt. #, etc.			7	DO	NOT WRIT	E IN THIS S	SPACE		
City & State		City & S	City & State			4. FEI Number Applied For						
Zip Country		Zin	Zip		Country		65-085330				Not Applicab OO Additional	
							icate of Status			Fee Require		
6. Name	and Address of Cui	rrent Registered A	agent	- N	Name	7. Name	and Address	of New Re	gistered A	agent		
ERAN SOUTH CORP. 621 NW 53RD STREET SUITE 255 BOCA RATON FL 33487					Street Address (P.O. Box Number is Not Acceptable)				
				-	Dity				FL	Zip Cod	de	
. The above named entity	u aubmite this statem	ant for the gurnane	of abanaina ita			orod ogost	aribath is the	State of Flo				
· me above named chin	y sabinita tilia statem	ent for the purpose	or changing to	s registered c	onice of regist	ered agent,	31 BOUT, 111 BIC	200 01 1 10	ilda.			
SIGNATURESignature, typed	or printed name of registered	agent and title if applicat	ole. (NOT	TE: Registered Age	ent signature requir	red when reinstati	ng)		DATE			
			FILE N	OW!!! FEI	E IS \$50.00)						
		Ma	ake Check Pa	ayable to D y Septemb	•	of State					•	
9. MANAGING MEMBERS/MANAGERS				10.			A	DITIONS/	CHANGES			
TITLE COSCI			Delete	TITLE						☐ Change	Addition Addition	
AME Zieg	lan		name Street al	DDRESS	*							
CITY-ST-ZIP 621 NW 53rd Stre		treet_#2		CITY-ST-	ZIP							
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TREET ADDRESS				STREET AL CITY-ST-		***	5000	10/01/	70. T-10	1080	006	
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I hereby certify that the indicated on this report	e information supplied t is true and accurate	d with this filing doe and that my signs	es not qualify for ature shall have	or the exempt the same lea	tion stated in S gal effect as if	Section 119.0 made undei	07(3)(i), Florida oath; that I ar	Statutes. I n a managi	further cert ing membe	ify that the i r or manag	information er of the	
I hereby certify that the indicated on this repor limited liability compar	e information supplied t is true and accurate ny or the receiver or tr	d with this filing doe e and that my signa rustee empowered	es not qualify for ature shall have to execute this	or the exempt the same leg report as rec	tion stated in S gal effect as if quired by Cha	Section 119.0 made under pter 608, Flo	oath; that I ar rida Statutes.	Statutes. I n a managi	further cert ing membe	ify that the r or manag	information er of the	