


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**May 16, 2007 8:00 am**  
**Secretary of State**

05-16-2007 90171 048 \*\*\*\*50.00

|   |   |
|---|---|
| <b>DOCUMENT # L01000003241</b>            |  |
| 1. Entity Name<br><b>PRO TECH USA LC.</b> |   |

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| Principal Place of Business<br><b>15550 CEDAR GROVE LANE<br/>WELLINGTON FL 33414</b> | Mailing Address<br><b>PO BOX 1255<br/>THIBODAUX LA 70302</b> |
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|  |  |
|--|--|
| 2. Principal Place of Business - No P.O. Box #<br><b>8193 Pagoda Dr.</b> | 3. Mailing Address<br><b>Suite, Apt. #, etc.</b> |
|--|--|

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|--|--|
| City & State<br><b>Spring Hill, FL</b> | City & State<br><b>Spring Hill, FL</b> |
| Zip<br><b>34606</b>                    | Country<br><b>Hernando</b>             |

|   |  |
|---|--|
| 4. FEI Number<br><b>58-2610043</b>                        | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$5.00</b> Additional Fee Required                  |



1st MOORE CR2E083 (10/06)

|  |  |
|--|--|
| 6. Name and Address of Current Registered Agent<br><b>BERNHARDT, CARLOS E<br/>8193 PAGODA DR.<br/>SPRING HILL FL 34606</b> |  |
|--|--|

|  |             |
|--|-------------|
| 7. Name and Address of New Registered Agent        |             |
| Name   |             |
| Street Address (P.O. Box Number is Not Acceptable) |             |
| City   | FL Zip Code |

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reorganizing) DATE \_\_\_\_\_

|  |  |
|--|--|
| <b>FILE NOW!!! FEE IS \$50.00</b>                        |  |
| <b>Make Check Payable to Florida Department of State</b> |  |
| <b>Due By May 1, 2007</b>                                |  |

| 9. MANAGING MEMBERS/MANAGERS                       |  | 10. ADDITIONS/CHANGES                              |   |
|--|--|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | MGR<br>BERNHARDT, CARLOS E MR<br>811 NORTH LOPEZ<br>CLEWISTON FL 33440 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | MGR<br>Bernhardt, Carlos E Mr.<br>8193 Pagoda Drive<br>Spring Hill, FL 34606 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | MGR<br>STRUGGLES, IAN<br>15550 CEDAR GROVE LANE<br>WELLINGTON FL 33414 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | MGR<br>Struggles, Ian<br>5471 Peak View Court<br>Windsor, CO 80550 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | MGR<br>MORVANT, JANELL<br>651 HWY 308<br>THIBODAUX LA 70301 <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: <u>Janelle Morvant / Janelle Morvant</u>   | Date: <u>4/26/07</u> | Daytime Phone #: <u>(855) 448-0406</u> |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE |                      |  |