

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

FILED
Feb 14, 2008 08:00 AM
Secretary of State

DOCUMENT # L01000003241

1. Entity Name

PRO TECH USA LC.



Principal Place of Business

8193 PAGODA DR
SPRING HILL FL 34606

Mailing Address

PO BOX 1255
THIBODAUX LA 70302



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E083 (10/07)

4. FEI Number
58-2610043

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BERNHARDT, CARLOS E
8193 PAGODA DR.
SPRING HILL FL 34606

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent's signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008, Fee Will Be \$538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete
NAME BERNHARDT, CARLOS E MR
STREET ADDRESS 8193 PAGODA DR
CITY-ST-ZIP SPRING HILL FL 34606

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 000000828036
CITY-ST-ZIP 02/22/08-80014-018 138.75

TITLE MGR ☐ Delete
NAME STRUGGLES, IAN
STREET ADDRESS 5471 PEAK VIEW CT
CITY-ST-ZIP WINDSOR CO 80550

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGR ☐ Delete
NAME MORVANT, JANELLE
STREET ADDRESS 651 HWY 308
CITY-ST-ZIP THIBODAUX LA 70301

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Janelle Morvant / Janelle Morvant* *2/11/08 (985)448-0406*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #