

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000011416

FILED  
Jan 09, 2004  
Secretary of State

**Entity Name:** PROTECH OFFICE SOLUTIONS, LLC

**Current Principal Place of Business:**

1185 IMMOKALEE RD.  
SUITE 110  
NAPLES, FL 34110

**New Principal Place of Business:**

**Current Mailing Address:**

1185 IMMOKALEE RD.  
SUITE 110  
NAPLES, FL 34110

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

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

NICI, JAMES R  
1185 IMMOKALEE RD.  
SUITE 110  
NAPLES, FL 34110

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

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

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete  
Name: NICI, JAMES R  
Address: 1185 IMMOKALEE RD STE 110  
City-St-Zip: NAPLES, FL 34103

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: JAMES R. NICI

MGRM

01/09/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date