

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 04, 2003 8:00 am**  
**Secretary of State**

04-04-2003 90004 018 \*\*\*\*50.00

0038218

**DOCUMENT # L01000011416**

1. Entity Name

**PROTECH OFFICE SOLUTIONS, LLC**



Principal Place of Business

**3001 TAMiami TRAIL NORTH SUITE 100  
NAPLES FL 34103**

Mailing Address

**3001 TAMiami TRAIL NORTH SUITE 100  
NAPLES FL 34103**

2. Principal Place of Business

**1185 Immokalee Rd.**

Suite, Apt. #, etc.

**Suite 110**

City & State

**Naples, FL**

Zip

**34110**

Country

3. Mailing Address

**1185 Immokalee Rd.**

Suite, Apt. #, etc.

**Suite 110**

City & State

**Naples, FL**

Zip

**34110**

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **NOT APPLICABLE**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**NICI, JAMES R  
3001 TAMiami TRAIL NORTH SUITE 100  
NAPLES FL 34103**

7. Name and Address of New Registered Agent

Name

**James R. Nici, c/o Cox & Nici**

Street

**1185 Immokalee Road, Suite 110**

City

**Naples, FL 34110**

Zip Code

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 signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Florida Department of State  
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**MGRM  
NICI, JAMES R  
3001 TAMiami TRAIL N SUITE 100  
NAPLES FL 34103**

☐ Delete

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**1185 Immokalee Rd. Suite 110**

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
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☐ Delete

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☐ Change ☐ Addition

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☐ Change ☐ Addition

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☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify 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 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:

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

Date

Daytime Phone #

CR2E083 (10/02)