

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 28, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # L02000015103**

**1. Entity Name**  
**PROFIT PROTECTION LLC**



**Principal Place of Business**  
**4800 S.W. 51 STREET**  
**SUITE 101**  
**FT. LAUDERDALE, FL 33314**

**Mailing Address**  
**4800 S.W. 51 STREET**  
**SUITE 101**  
**FT. LAUDERDALE, FL 33314**



01132005No Chg-LLC

CR2E083 (10/03)

**4. FEI Number**  
**03-0465123**

**Applied For**  
**Not Applicable**

**5. Certificate of Status Desired** ☐

**\$5.00 Additional**  
**Fee Required**

**6. Name and Address of Current Registered Agent**

**GAY, PHILIP**  
**4800 S.W. 51 STREET**  
**SUITE 101**  
**FT. LAUDERDALE, FL 33314**

**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**

**Filing Fee is \$50.00**  
**Due by May 1, 2005**

**9. MANAGING MEMBERS/MANAGERS**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
**MGRM**  
**FRIEDLAND, JAY**  
**11 PINEDFIELDS LANE**  
**BRUNSWICK, ME 04011**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

U00000202170  
01/28/05-80093-022 50.00

**PAID**

**CK. NO.** 8115  
**DATE** 1-25-05  
\$50.00

**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, OR AUTHORIZED REPRESENTATIVE

**Date**

**Daytime Phone #**

1/24/05 954/327-1223