2006 LIMITED LIABILITY COMPANY ____ ANNUAL REPORT

DOCUMENT # L04000054729

1. Entity Name PRO TECH, LLC



FILED Jan 09, 2006 08:00 AM Secretary of State

Principal Place of Business

1351 AMBERG AVE. N.W. PALM BAY, FL 32907 Mailing Address

1351 AMBERG AVE. N.W. PALM BAY, FL 32907



DO NOT WRITE IN THIS SPACE

01042006No Chg-LLC

4. FEI Number
NOT APPLICABLE
Applied For
Not Applicable
Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

CR2E083 (11/05)

6. Name and Address of Current Registered Agent

SAGLINBENE, CHARLES JR 1351 AMBERG AVENUE NW PALM BAY, FL 32907

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

DO NOT WRITE IN THIS SPACE

			THE CIACL
	named entity submits this statement for the purpose of cha tions of registered agent.	inging its registered office or registered agent, or both	, in the State of Florida. I am familiar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and title if applicable	(NOTE Registered Agent aignature required when reinstating)	DATE
F) D	lling Fee is \$50.00 ue by May 1, 2006		
9. RILE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBERS/MANAGERS MGRM SAGLINBENE, CHARLES JR 1351 AMBERG AVENUE NW PALM BAY, FL 32907		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			U00000381078 01/11/06-80040-005 50.00
TITLE Name Street Address City-St-Zip		DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY+ST-ZIP		IN 7	HIS SPACE
TITLE NAME			·

11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 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: Charles State Alexander Sadisbene Tr/mgrm 1/6/06 321-960-0532

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING HANDSER, OR AUTHORIZED REPRESENTATIVE Date Desptine Phone #