

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 24, 2008 8:00 am
Secretary of State

04-24-2008 90010 019 ***138.75

DOCUMENT # L05000043563



1. Entity Name
PRO-TEC LLC

Principal Place of Business
**2800 E. COMMERCIAL BLVD
STE 208
FT. LAUDERDALE, FL 33308**

Mailing Address
**1556 NE 45 ST
OAKLAND PARK, FL 33334**

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

175 W. CAMINO REAL

3. Mailing Address

Suite, Apt. #, etc.

**BOCA RATON, FL
33432**

USA

City & State

Zip

Country

03062008 Chg-LLC CR2E083 (12/06)

4. FEI Number
54-2173791

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**KATZ, ALLEN H
2800 E. COMMERCIAL BLVD
STE 208
FT. LAUDERDALE, FLORIDA, FL 33308**

New Address

7. Name and Address of New Registered Agent

**ALLEN H KATZ, P.A.
13900 S. JOG ROAD
203-276
DELRAY BEACH, FL**

33446

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 \$138.75
After May 1, 2008 Fee will be \$538.75**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
MUNDLECHNER, ALFRED J
1556 NE 45 STREET
OAKLAND PARK, FL 33334**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing 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:

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

Date

Daytime Phone #

Alfred Mundlechner 2/11/08 x954 539 5357