

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000009714

Entity Name: PRO-TEK LLC

FILED
May 01, 2009
Secretary of State

Current Principal Place of Business:

8800 N.W. 24TH TERRACE
MIAMI, FL 33172

New Principal Place of Business:

Current Mailing Address:

8800 N.W. 24TH TERRACE
MIAMI, FL 33172

New Mailing Address:

FEI Number: 20-4191339 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

DOBARGANES, ALEXANDER
11591 NW 2 STREET
APT. 210
MIAMI, FL 33172 US

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/MANAGERS:

Title: MGR () Delete
Name: DOBARGANES, ALEXANDER
Address: 11591 NW 2 ST, APT. 107
City-St-Zip: MIAMI, FL 33172

Title: MGR () Delete
Name: HIDALGO, RICHARD
Address: 11013 NW 30 ST.
City-St-Zip: MIAMI, FL 33172

Title: MGR () Delete
Name: YANEZ, EDWARD
Address: 11013 NW 30 ST.
City-St-Zip: MIAMI, FL 33172

ADDITIONS/CHANGES:

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: ALEXANDER DOBARGANES

MGR

05/01/2009

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