

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Jan 08, 2008 08:00 A.
Secretary of State**

DOCUMENT # L06000038580

1. Entity Name
PROGUARDIAN, LLC



Principal Place of Business
**P.O. BOX 263
TRURO, MA 02666-0263**

Mailing Address
**P.O. BOX 263
TRURO, MA 02666-0263**



01042008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
22-3928655

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**AGENTS AND CORPORATIONS, INC.
300 FIFTH AVENUE SOUTH
SUITE 101-330
NAPLES, FL 34102**

**DO NOT WRITE
IN THIS SPACE**

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 renewing)

DATE

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE
MGR
NAME
HYDE, BRIAN R
STREET ADDRESS
P.O. BOX 263
CITY- ST- ZIP
TRURO, MA 026660263

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000000775545
01/08/08-80033-018 138.75

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IN THIS SPACE**

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 606, Florida Statutes.

SIGNATURE:

Brian R. Hyde **BRIAN R. Hyde**

1/4/08

617-529-4933

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

Date

Daytime Phone #