

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 07, 2008 8:00 am
Secretary of State

04-07-2008 90236 004 ***138.75

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| DOCUMENT # L06000080294 1. Entity Name PROTODRONE, LLC | | | |  | |
| Principal Place of Business 1500 SE MAGNOLIA EXT. SUITE 106 OCALA, FL 34471 | | | Mailing Address 1500 SE MAGNOLIA EXT. SUITE 106 OCALA, FL 34471 | | |
| 2. Principal Place of Business - No P.O. Box # 3130 SW 32nd Ave | | 3. Mailing Address Same as Principal | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State Ocala FL | | City & State | | 4. FEI Number APPLIED FOR | |
| Zip 34474 | | Country USA | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$5.00. Additional Fee Required | | | |
| 6. Name and Address of Current Registered Agent MASSINGER, DOUGLAS WM. ESQ. MASSINGER LAW OFFICES 887 NE 100 STREET OCALA, FL 34479 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ (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 | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR POLACK, PETER J 1500 SE MARNOLIA EXT., STE. 106 OCALA, FL 34471 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR BROWN, WARREN 1500 SE MAGNOLIA EXT., STE. 106 OCALA, FL 34471 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | | | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | | | |
| 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. | | | Address change 3130 SW 32nd Ave Ocala FL 34474 | | |
| SIGNATURE: <i>[Signature]</i> | | | 4-3-08 352-622-5183 | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | | | Date Daytime Phone # | | |