2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 08, 2009
Secretary of State

DOCUMENT# L06000090929

Entity Name: PROTERMEX LLC

Current Principal Place of Business:

6356 NW 82 AVE.
MIAMI, FL 33166

New Principal Place of Business:

8315 NW 64TH STREET
SUITE 1
MIAMI, FL 33166

Current Mailing Address:

6356 NW 82 AVE.
MIAMI, FL 33166

New Mailing Address:

8315 NW 64TH STREET
SUITE 1
MIAMI, FL 33166

FEI Number: 45-0543849 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
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:

DESMOINEAUX, FREDY
27 STAR ISLAND DRV
MIAMI BEACH, FL 33139 US

Name and Address of New Registered Agent:

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: DESMOINEAUX, FREDY F 33139
Address: 27 STAR ISLAND DRV
City-St-Zip: MIAMI BEACH, FL 33139

Title: MGRM ( ) Delete
Name: DESMOINEAUX, NATHALIA F 33166
Address: 6356 NW 82ND AVE
City-St-Zip: MIAMI, FL 33166

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change ( ) Addition
Name: DESMOINEAUX, NATHALIA F 33166
Address: 8315 NW 64TH STREET, SUITE 1
City-St-Zip: MIAMI, FL 33166

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: FREDY DESMOINEAUX MGR 09/08/2009

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