

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000022892

Entity Name: X-PRO TEK SERVICES LLC

FILED  
Aug 09, 2009  
Secretary of State

**Current Principal Place of Business:**

14116 79TH CT. N  
LOXAHATCHEE, FL 33470 US

**New Principal Place of Business:**

**Current Mailing Address:**

14116 79TH CT. N  
LOXAHATCHEE, FL 33470 US

**New Mailing Address:**

FEI Number: 26-2150695      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:**

UNITED STATES CORPORATION AGENTS, INC.  
320 S. FLAMINGO ROAD  
347  
PEMBROKE PINES, FL 33027 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: MGRM ( ) Delete  
Name: CHOWDHURY, MAHBUBUR  
Address: 14116 79TH CT. N.  
City-St-Zip: LOXAHATCHEE, FL 33470 US

Title: MGRM ( ) Delete  
Name: KHATUN, FAHMIDA  
Address: 14116 79TH CT. N.  
City-St-Zip: LOXAHATCHEE, FL 33470 US

**ADDITIONS/CHANGES:**

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: MAHBUBUR RAHMAN CHOWDHURY      MGRM      08/09/2009

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