

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000065930

FILED
Jan 16, 2009
Secretary of State

Entity Name: PROTRADITION, LLC

Current Principal Place of Business:

200 NE 14TH AVE.
#425
HALLANDALE BEACH, FL 33009

New Principal Place of Business:

Current Mailing Address:

200 NE 14TH AVE.
#425
HALLANDALE BEACH, FL 33009

New Mailing Address:

FEI Number: 26-2934467

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LASKOWSKI, ZBIGNIEW
200 NE 14TH AVE.
#425
HALLANDALE BEACH, FL 33009 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: MGRM () Delete
Name: LASKOWSKI, ZBIGNIEW
Address: 200 NE 14TH AVE. #425
City-St-Zip: HALLANDALE BEACH, FL 33009

Title: MGRM () Delete
Name: LASKOWSKI, BARBARA
Address: 200 NE 14TH AVE. #425
City-St-Zip: HALLANDALE BEACH, FL 33009

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: ZBIGNIEW LASKOWSKI

MGRM

01/16/2009

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