

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 10, 2006 08:00 AM
Secretary of State

DOCUMENT # L99000003614

1. Entity Name
PRO ACTIVE TECH, L.C.



Principal Place of Business
1415 TIMBERLANE ROAD, SUITE 217
TALLAHASSEE, FL 32312

Mailing Address
1415 TIMBERLANE ROAD, SUITE 217
TALLAHASSEE, FL 32312



02132006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FSI Number
59-3598080

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CRONA, WILLIAM D
1415 TIMBERLANE ROAD
SUITE 217
TALLAHASSEE, FL 32312

**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 reinstating)

DATE _____

Filing Fee is \$50.00
Due by May 1, 2006

000000461756
03/21/06-80008-014 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRP
NAME	CRONA, WILLIAM D
STREET ADDRESS	1415 TIMBERLANE ROAD, STE 217
CITY-ST-ZIP	TALLAHASSEE, FL 32312

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
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NAME	
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CITY-ST-ZIP	

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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 608, Florida Statutes.

SIGNATURE: _____

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

Date 2/20/06

Daytime Phone # _____