

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000003614

FILED
Apr 10, 2009
Secretary of State

Entity Name: PRO ACTIVE TECH, L.C.

Current Principal Place of Business:

1471 TIMBERLANE ROAD, SUITE 217
126
TALLAHASSEE, FL 32312

New Principal Place of Business:

1471 TIMBERLANE ROAD, SUITE #126
TALLAHASSEE, FL 32312

Current Mailing Address:

1471 TIMBERLANE ROAD, SUITE 217
126
TALLAHASSEE, FL 32312

New Mailing Address:

1471 TIMBERLANE ROAD, SUITE #126
TALLAHASSEE, FL 32312

FEI Number: 59-3598080

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CRONA, WILLIAM D
1471 TIMBERLANE ROAD
SUITE 126
TALLAHASSEE, FL 32312 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: MGRP () Delete
Name: CRONA, WILLIAM D
Address: 1471 TIMBERLANE ROAD, STE 217
City-St-Zip: TALLAHASSEE, FL 32312

Title: MGRP () Delete
Name: CASE, GRETE M
Address: 3630 OXHILL COURT
City-St-Zip: TALLAHASSEE, FL 32308

ADDITIONS/CHANGES:

Title: MGRP (X) Change () Addition
Name: CRONA, WILLIAM D
Address: 1471 TIMBERLANE ROAD, STE 126
City-St-Zip: TALLAHASSEE, FL 32312

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: WILLIAM D. CRONA

MGR

04/10/2009

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