

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000057648

**Entity Name:** JED PROACT LLC

**Current Principal Place of Business:**

5722 S FLAMINGO RD  
SUITE 186  
DAVIE, FL 33330

**Current Mailing Address:**

5722 S FLAMINGO RD  
SUITE 186  
DAVIE, FL 33330 US

**FEI Number:** 45-5166729

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

LEONE, JOSEPH A  
5722 S FLAMINGO ROAD SUITE  
SUITE #186  
DAVIE, FL 33330 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

**Authorized Person(s) Detail :**

Title MGR  
Name LEONE, JOSEPH A  
Address 5722 S FLAMINGO ROAD SUITE #186  
City-State-Zip: DAVIE FL 33330

Title MGR  
Name LEONE, EVELYNE S  
Address 5722 S FLAMINGO ROAD SUITE #186  
City-State-Zip: DAVIE FL 33330

Title MGRM  
Name LEONE, DAVINA C  
Address 5722 S FLAMINGO ROAD SUITE #186  
City-State-Zip: DAVIE FL 33330

Title MGRM  
Name LEONE, JONATHAN D  
Address 5722 S FLAMINGO ROAD SUITE #186  
City-State-Zip: DAVIE FL 33330

*I hereby certify that the information indicated on this report or supplemental 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; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** JOSEPH LEONE

**MANAGER**

**02/05/2013**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date