

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000016706

FILED
Feb 06, 2009
Secretary of State

Entity Name: ADVANPRO, LLC

Current Principal Place of Business:

2931 SW 187TH TERRACE
MIRAMAR, FL 33029 US

New Principal Place of Business:

Current Mailing Address:

2931 SW 187TH TERRACE
MIRAMAR, FL 33029 US

New Mailing Address:

FEI Number: 42-1590447

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RAMON, PUNET
2931 SW 187TH TERRACE
MIRAMAR, FL 33433 US

Name and Address of New Registered Agent:

RAMON, PUNE
2931 SW 187TH TERRACE
MIRAMAR, FL 33433 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: RAMON PUNET

02/06/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: CRIPPA, RENZO
Address: 7185 SAN SALVADOR DRIVE
City-St-Zip: BOCA RATON, FL 33433 US

Title: MGRM () Delete
Name: GONZALEZ, JUAN C
Address: 11744 SW 134 COURT
City-St-Zip: MIAMI, FL 33186 US

Title: MGRM () Delete
Name: PUNET, RAMON
Address: 2931 SW 187 TERRACE
City-St-Zip: MIRAMAR, FL 33029 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: PUNE, RAMON
Address: 2931 SW 187 TERRACE
City-St-Zip: MIRAMAR, FL 33029 US

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: RENZO CRIPPA

MGR

02/06/2009

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