

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000072338

Entity Name: ALL PRO PAINTING LLC**Current Principal Place of Business:**43 S. POWERLINE ROAD
#460
POMPANO BEACH, FL 33069**Current Mailing Address:**1577 CORAL RIDGE DRIVE
CORAL SPRINGS, FL 33071 US**FEI Number:** 20-4036527**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**VILLACIS, OCTAVIO
1577 CORAL RIDGE DRIVE
CORAL SPRINGS, FL 33071 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:** OCTAVIO VILLACIS

02/02/2020

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

| | |
|-----------------|------------------------|
| Title | MGRM |
| Name | VILLACIS, OCTAVIO |
| Address | 1577 CORAL RIDGE DRIVE |
| City-State-Zip: | CORAL SPRINGS FL 33071 |

| | |
|-----------------|------------------------|
| Title | VP |
| Name | ISABEL, VILLACIS R |
| Address | 1577 CORAL RIDGE DR |
| City-State-Zip: | CORAL SPRINGS FL 33071 |

| | |
|-----------------|-------------------------|
| Title | TREASURER |
| Name | OCTAVIO, VILLACIS E JR. |
| Address | 1577 CORAL RIDGE DR |
| City-State-Zip: | CORAL SPRINGS FL 33071 |

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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: OCTAVIO VILLACIS

MGR

02/02/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date