

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000073876

**Entity Name:** ALLPRO TRADES, LLC

**Current Principal Place of Business:**

16740 SE 95TH ST RD  
OCKLAWAHA, FL 32183

**Current Mailing Address:**

PO BOX 474  
OCKLAWAHA, FL 32183 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

ANDERSON, JAMES M  
16740 SE 95TH ST RD  
OCKLAWAHA, FL 32183 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 WARD, WILLIAM  
Address 16740 SE 95TH ST RD  
City-State-Zip: OCKLAWAHA FL 32183

*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:** WILLIAM WARD

MGR

04/23/2014

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

\_\_\_\_\_ Date