

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000140965

**Entity Name:** AT PRO SERVICES LLC

**Current Principal Place of Business:**

3184 MONTECELLO PL  
APT #306  
ORLANDO, FL 31835

**Current Mailing Address:**

3184 MONTECELLO PL  
APT #306  
ORLANDO, FL 31835 UN

**FEI Number:** 35-2634527

**Certificate of Status Desired:** Yes

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

GRACA, RAFAEL  
3184 MONTECELLO PL  
APT #306  
ORLANDO, FL 32835 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	AMBR	Title	AMBR
Name	GRACA, RAFAEL	Name	AMORIM, NIDIA
Address	3184 MONTECELLO PL	Address	3184 MONTECELLO PL
City-State-Zip:	ORLANDO FL 32835	City-State-Zip:	ORLANDO FL 32835

*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:** RAFAEL GRACA

AMBR

05/01/2019

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

\_\_\_\_\_  
Date