

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000120826

**Entity Name:** BE PRO NETWORK, LLC

**Current Principal Place of Business:**

1820 N CORPORATE LAKES BLVD.  
SUITE 207  
WESTON, FL 33326

**Current Mailing Address:**

1820 N CORPORATE LAKES BLVD.  
SUITE 207  
WESTON, FL 33326 US

**FEI Number:** 84-1999210

**Certificate of Status Desired:** Yes

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

RODRIGUEZ, EDWARD J  
1820 N CORPORATE LAKES BLVD.  
SUITE 207  
WESTON, FL 33326 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 CFO  
Name MARTINEZ, CAROLINA  
Address 1820 N CORPORATE LAKES BLVD.  
SUITE 207  
City-State-Zip: WESTON FL 33326

Title CEO  
Name RODRIGUEZ, EDWARD J  
Address 1820 N CORPORATE LAKES BLVD.  
SUITE 207  
City-State-Zip: WESTON FL 33326

Title VP  
Name HERNAN, GLEIZER  
Address 18246 COLLINS AVE  
City-State-Zip: SUNNY ISLES BEACH FL 33160

*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:** CAROLINA MARTINEZ

CFO

03/19/2021

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

\_\_\_\_\_  
Date