

**2023 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L21000520019

**Entity Name:** PROBUILDEX LLC

**Current Principal Place of Business:**

3105 NW 107TH AVENUE  
SUITE 501  
DORAL, FL 33172

**Current Mailing Address:**

3105 NW 107TH AVENUE  
SUITE 408  
DORAL, FL 33172 US

**FEI Number:** 87-4018721

**Certificate of Status Desired:** No

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

NEUROCONSULTER CORP  
3105 NW 107TH AVENUE  
SUITE 408  
DORAL, FL 33172 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           | CEO                               | Title           | AUTHORIZED MEMBER            |
| Name            | LERAS, CARLOS                     | Name            | LERAS, DIEGO                 |
| Address         | 3105 NW 107TH AVENUE<br>SUITE 408 | Address         | 3105 NW 107TH AVE<br>STE 408 |
| City-State-Zip: | DORAL FL 33172                    | City-State-Zip: | DORAL FL 33172               |

*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:** CARLOS LERAS

**PRESIDENT**

**10/20/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date