

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000117648

**Entity Name:** NORTH MIAMI LOCKSMITH PRO LLC

**Current Principal Place of Business:**

14040 BISCAYNE BLVD  
SUITE 102  
NORTH MIAMI, FL 33181

**Current Mailing Address:**

14040 BISCAYNE BLVD  
SUITE 102  
NORTH MIAMI, FL 33181

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

VILLE, OREN  
14040 BISCAYNE BLVD  
SUITE 102  
NORTH MIAMI, FL 33181 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 VILLE, OREN  
Address 14040 BISCAYNE BLVD  
City-State-Zip: NORTH MIAMI FL 33181

*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:** OREN VILLE

**MANAGER**

**03/18/2024**

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

\_\_\_\_\_  
Date