

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L22000158247

Entity Name: ENCLOSURE PROS LLC

Current Principal Place of Business:

3878 PARTRIDGE AVE.
NORTH PORT, FL 34286

Current Mailing Address:

3878 PARTRIDGE AVE.
NORTH PORT, FL 34286 US

FEI Number: 36-4991135

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

RASMUSEN, ANTHONY
3878 PARTRIDGE AVE
NORTH PORT, FL 34286 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 RASMUSEN, ANTHONY L
Address 3878 PARTRIDGE AVE
City-State-Zip: NORTH PORT FL 34286

Title MGR
Name RASMUSEN, RACHAEL L
Address 3878 PARTRIDGE AVE
City-State-Zip: NORTH PORT FL 34286

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: ANTHONY RASMUSEN

OWNER

04/16/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date