

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 03, 2004 8:00 am
Secretary of State

03-03-2004 90152 011 ****50.00

DOCUMENT # L01000010396

1. Entity Name
AMER-PRO COMPANY, L.L.C.



Principal Place of Business
2200 N.W. 102ND AVE.
UNIT 5
MIAMI, FL 33172

Mailing Address
2200 N.W. 102ND AVE.
UNIT 5
MIAMI, FL 33172

2. Principal Place of Business
8233 NW 66 Street

3. Mailing Address
8233 NW 66 Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01092004 Chg-LLC CR2E083 (10/03)

City & State
Miami FL

City & State
Miami FL

4. FEI Number
52-2326422

Applied For
Not Applicable

Zip
33166

Country
Nade

Zip
33166

Country
Nade

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

EELDENKRAIS, MICHAEL-ESQ
290 N.W. 165TH STREET
SUITE PLAZA 100
MIAMI, FL 33169

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00
Due by May 1, 2004

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Delete
NAME BATTISTINI, CARLO
STREET ADDRESS 4893 N.W. 97TH PLACE
CITY-ST-ZIP MIAMI, FL 33178

TITLE ☒ Change ☐ Addition
NAME 4629 NW 97th
STREET ADDRESS Miami FL 33178
CITY-ST-ZIP

TITLE MGRM ☐ Delete
NAME BATTISTINI, ANTONIO
STREET ADDRESS 4893 N.W. 97TH PLACE
CITY-ST-ZIP MIAMI, FL 33178

TITLE ☒ Change ☐ Addition
NAME 4629 NW 97th
STREET ADDRESS Miami FL 33178
CITY-ST-ZIP

TITLE MGRM ☐ Delete
NAME DE BATTISTINI, OMAIRA
STREET ADDRESS 4893 N.W. 97TH PLACE
CITY-ST-ZIP MIAMI, FL 33178

TITLE ☒ Change ☐ Addition
NAME 4629 NW 97th
STREET ADDRESS Miami FL 33178
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.

SIGNATURE: *Battistini*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

01/09/04

Date

(305) 593-9020

Daytime Phone #