

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Aug 12, 2004 08:00 AM
Secretary of State

DOCUMENT # LQ1000021772

1. Entity Name
FORTUNE PROTECTIVE SERVICES, LLC



Principal Place of Business
**185 S.E. 14TH TERRACE
MIAMI, FL 33131**

Mailing Address
**185 S.E. 14TH TERRACE
MIAMI, FL 33131**

DO NOT WRITE IN THIS SPACE



07212004 No Chg-LLC

CR2E083 (10/03)

4. FE Number
01-0558570

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**PORTUOMDO, FERANDO ESQ
2121 PONCE DE LEON BLVD. #600
CORAL GABLES, FL 33134**

**DO NOT WRITE
IN THIS SPACE**

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 file if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE _____

**Filing Fee is \$50.00
Due by September 8, 2004**

U000000168911
08/12/04-80003-000-50.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**P
VILLA, RAFAEL O
185 SE 14 TERR
MIAMI, FL 33131**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Rafael O. Villa*

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

7/21/04 . 305-2183337.

Date

Daytime Phone #