2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

04-20-2004 90191 002 ****55.00
L03000002268

FILED
2004 JUN -1 A 10:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MOORE CR2E083 (11/03)

DOCUMENT # L03000002268

1. Entity Name
AMERITRIN, LLC

Principal Place of Business	Mailing Address
5285 NORTHWEST 15TH STREET MARGATE FL 33063	PO BOX 934920 MARGATE FL 33093

2. Principal Place of Business	3. Mailing Address
5285 N.W. 15TH St.	P.O. Box 934920
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Margate. FL.	City & State: Margate. FL.
Zip: 33063 Country: U.S.A.	Zip: 33093 Country: U.S.A.

4. FEI Number: 85-0485304 ☐ Applied For ☐ Not Applicable

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
SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI FL 33145	Name: Dennis Jahore Street Address (P.O. Box Number is Not Acceptable): 5285 N.W. 15 St City: Margate FL Zip Code: 33063

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] DATE 04-15-04.
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JAHORE, DENNIS 5285 NORTHWEST 15TH STREET MARGATE FL 33093	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☑ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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 [signature] 04-15-04 954-410-3963
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #