

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 29, 2005 8:00 am**  
**Secretary of State**

03-29-2005 90119 030 \*\*\*\*50.00

**DOCUMENT # L03000002268**

1. Entity Name  
**AMERITRIN, LLC**



Principal Place of Business  
**5285 NORTHWEST 15TH STREET  
MARGATE, FL 33063**

Mailing Address  
**PO BOX 934920  
MARGATE, FL 33093**

**20025121**



03032005 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**85-0485504**

Applied For  
☐ Not Applicable

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

**6. Name and Address of Current Registered Agent**

**JAHORE, DENNIS  
5285 NORTHWEST 15TH STREET  
MARGATE, FL 33063**

**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

*Dennis Jahore*

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

(NOTE: Registered Agent signature required when reinstating)

**03-23-05**  
DATE

**Filing Fee is \$50.00  
Due by May 1, 2005**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGR
NAME	JAHORE, DENNIS
STREET ADDRESS	5285 NORTHWEST 15TH STREET
CITY-ST-ZIP	MARGATE, FL 33093
TITLE	<b>TREASURER</b>
NAME	<b>EDWARD TOOLSIE</b>
STREET ADDRESS	<b>3925 N.W. 19TH AVE.</b>
CITY-ST-ZIP	<b>OAKLAND PARK, FL 33309</b>
TITLE	<b>VICE - PRESIDENT</b>
NAME	<b>CHARLES JAGGERNALLTH</b>
STREET ADDRESS	<b>8402 N.W. 141ST. TER. APT. 4006</b>
CITY-ST-ZIP	<b>MIAMI, FL 33016</b>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:**

*Dennis Jahore*

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

**03-23-05** **954-410-3963**

Date

Daytime Phone #