

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 01, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L03000002268**

1. Entity Name  
**AMERITRIN, LLC**



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

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



03142006No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**86-0485504**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

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

**JAHOE, 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 \_\_\_\_\_

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, 2006**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGR
NAME	JAHOE, DENNIS
STREET ADDRESS	5285 NORTHWEST 15TH STREET
CITY-ST-ZIP	MARGATE, FL 33093
TITLE	T
NAME	TOPOLSIE, EDWARD
STREET ADDRESS	3925 NORTHWEST 19TH AVENUE
CITY-ST-ZIP	OAKLAND PARK, FL 33309
TITLE	V
NAME	JAGGERNAUTH, CHARLES
STREET ADDRESS	8402 NORTHWEST 141ST TERRACE #4006
CITY-ST-ZIP	HALEAH, FL 33016
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000549739  
05/13/06-80032-024 50.00

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 it 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 Jaho* *Dennis Jaho*

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

Date

Daytime Phone #

*04-25-06* *954* *410-3963*