

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 02, 2007 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
**PO BOX 934920
MARGATE, FL 33093**



03202007 No Chg-LLC

CR2E083 (11/05)

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**

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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 renewing)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

U00000756731

05/23/07-80041-018 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
JAHORE, DENNIS
5285 NORTHWEST 15TH STREET
MARGATE, FL 33093**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
TOPOLSIE, EDWARD
3925 NORTHWEST 19TH AVENUE
OAKLAND PARK, FL 33309**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
JAGGERNAUTH, CHARLES
8402 NORTHWEST 141ST TERRACE #4006
HIALEAH, FL 33016**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 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 606, Florida Statutes.

SIGNATURE: *Dennis Jahore*

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

Date

Daytime Phone #

DENNIS JAHORE 04-28-07 / 954-410-3983