LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L03000037719

1. Entity Name

Prober Associates of Florida L.L.C.

DO NOT WRITE IN THIS SPACE

20021962
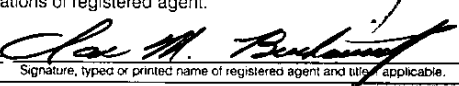
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address		
6814 NW 20th Ave.	6814 NW 20th Ave.		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		

City & State	City & State	4. FEI Number	Applied For
Ft. Lauderdale Florida	Ft. Lauderdale Florida	75-3133788	Not Applicable

Zip	Country	Zip	Country	5. Certificate of Status Desired ☐	**$5.00** Additional Fee Required
33309		33309			

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Berkowitz, Ian M

Street Address (P.O. Box Number is Not Acceptable)

2385 Executive Center Dr. #190
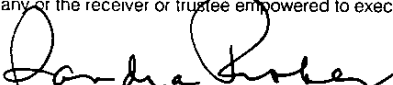
City: Boca Raton   FL   Zip Code: 33431

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 _Ian M. Berkowitz_   3/14/05

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

FEE IS $50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

9.   MANAGING MEMBERS / MANAGERS

TITLE	Managing Member	TITLE	
NAME	Sandra Prober	NAME	
STREET ADDRESS	6814 NW 20th Ave.	STREET ADDRESS	
CITY-ST-ZIP	Ft. Lauderdale, FL 33309	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	**DO NOT WRITE**
TITLE		TITLE	
NAME		NAME	**IN THIS SPACE**
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: _Sandra Prober_ Sandra Prober   2.14.05   954.971.4625

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #

CR2E083B (12/02)