LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L 0 40000 39021

PRONTO ALL CONSUMER SERVICES, LLC



FILED Mar 17, 2005 8:00 am Secretary of State

03-17-2005 90136 038 ****55.00

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| | DO NOT WRITE | 20021937 | | | | |
|-------------------------------|--|-------------------------------------|---|---|---------|--|
| 2. Principal Pl | lace of Business | 3. Mailing Address | | | | |
| 7651 N Suite, Apt. | T.E. 8TH STREET | 1651 N.E. 87 Suite, Apt. #, etc. | H STREET | DO NOT WRITE IN THIS SPACE | | |
| City & State | TEAD, FL | City & State HOMESTEAD, | FL | 4. FEI Number 20-1155517 Applied Not Applied | licable | |
| Zip 3303 | Country U.S.A. | ^{Zip} 33034 | U.S.A | 5. Certificate of Status Desired \$5.00 Additional Fee Required | ıl | |
| | | | | 7. Name and Address of Current Registered Agent | | |
| | DO NOT WRITE IN THIS SPACE The above named entity submits this statement for the purpose of changin the obligations of registered agent. GNATURE Signature, typed or printed name of registered agent and title if applicable. MANAGING MEMBERS/MANAGERS MANAGING MEMBERS/MANAGERS ME ME ME ME ME ME ME ME ME M | | Name_Sp | piegel & Utrera, P.A. | | |
| | | | Street Addi | dress (P.O. Box Number is Not Acceptable) | | |
| IN THIS SPACE | | | 1840 Co | 1840 Coral Way, 4th Floor | | |
| | | | City M | MIAMI FL Zip Code 33 | 7/45 | |
| | | Make Check Payable | E IS \$50.00 to Florida Depa E BY MAY 1 | artment of State | | |
| | MANAGING MEMOR | | EBY MAY 1 | | | |
| 9. TILE | | | TITLE | | | |
| NAME | FELIX F, RIVER | O | NAME | | | |
| STREET ADDRESS | 1651 N.E. BTH STRE | EET | STREET ADDRESS | | | |
| CITY-ST-ZIP | HOMESTEAD, FL 3 | 33034 | CITY-ST-ZIP | | | |
| TITLE | | | TITLE | | | |
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| TITLE | | | TITLE NAME | | | |
| NAME STREET ADDRESS | | | STREET ADDRESS | | | |

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.

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

THLE

NAME

SIGNATURE

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

Felix FRIVERO/FELIX F. RIVERO

MARCH 14,2005 (305)258-0232

Date

Daytime Phone #