LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L9400000198

1. Entity Name

PROCRAFT INDUSTRIES, L.C.



FILED Feb 20, 2003 8:00 am Secretary of State

02-20-2003 90025 002 ****50.00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
4226 Fourier 5t #3

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State 1

City & State 1

30037549

DO NOT WRITE IN THIS SPACE

City & State My Ele		City & State Tole My	exs, Fl	4. FEI Number		Applied For Not Applicable
⁴ 33901	Country	^{Zip} 33901	Country	5. Certificate of Status Desired	□ F	5.00 Additional ee Required
				7. Name and Address of Current I	Registered /	Agent ~

DO NOT WRITE IN THIS SPACE

	1 00 1 (046)	.04
	7. Name and Address of Current Registered Agent	~
Name A ()	ربب	
<u></u>	<u>Hev Koss</u>	
_Street_Address_(P.O. Box Number is Not Acceptable)	
422	P.O. Box Number of Not Acceptable) #3-	
	•	

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	

STREET ADDRESS

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	MGRM	TITLE	and the Constraint of the Annual Constraint of the Constraint of t			
NAME	mathan Ross	NAME				
STREET ADDRESS	4226 Fowler st #3	STREET ADDRESS				
CITY-ST-ZIP	FRET MYEKS, FL 33901	CITY_ST-ZIP				
TITLE		TITLE				
NAME		NAME				
STREET ADDRESS		STREET ADDRESS				
CITY-ST-ZIP		CITY-ST-ZIP				
TITLE		TILE				
NAME		NAME				
STREET ADDRESS		STREET ADDRESS	t a templo o engligit sultanen tiller man sultan en alternationer energianne, damande mit se etter angal sulta En alternation			
CITY-ST-ZIP		CITY-S1-ZIP	DO NOT WRITE			
TITLE		TITLE	The state of the s			
NAME		NAME	IN THIS SPACE			
STREET ADDRESS		STREET ADDRESS				
City-St-ZIP		CITY-ST-ZIP				
TITLE		de administrativa de la companya de				
NAME		TITLE				
STREET ADDRESS		NAME				
CITY-ST-ZIP		STREET ADDRESS				
777.5		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 angulature shall law the same least prime as if made under oath; that I am a managing member or manager of the indicated liability company or the receiver or trustee ampowered to execute this true and accurate any owners are true any owners.

NAME

STREET ADDRESS

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMORY, MANAGER, OR AUTHORIZED REPRESENTATION.

3/17/03 239-936-5394