

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000154228

**Entity Name:** PRO-NAN X LLC

**Current Principal Place of Business:**

9601 COLLINS AVE  
TS-4  
BAL HARBOUR, FL 33154

**Current Mailing Address:**

9601 COLLINS AVE  
TS-4  
BAL HARBOUR, FL 33154

**FEI Number:** 46-1543471

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

KROOP, RICHARD IESQ  
800 WEST AVE  
C 1  
MIAMI BEACH, FL 33139 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title MGRM  
Name MAMANE, PROSPER  
Address 9601 COLLINS AVE TS-4  
City-State-Zip: BAL HARBOUR FL 33154

Title MANAGER  
Name SHAKED, MARY  
Address 9601 COLLINS AVE  
TS-4  
City-State-Zip: BAL HARBOUR FL 33154

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** MARY SHAKED

**MANAGER**

**02/22/2016**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date