that my name appears above, or on an attachment with all other like empowered.		
SIGNATURE: LESKEY RANGEL SANCHEZ	RECEIVER	

Electronic Signature of Signing Authorized Person(s) Detail

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

Electronic Signature of Registered Agent Authorized Person(s) Detail ·

City-State-Zip: HIALEAH FL 33010

Authorized Person(s) Detail :					
Title	MGR	Title	REP		
Name	GARCIA, PEDRO L	Name	GALVEZ VALDIVIA , RAMON ENRIQUE		
Address	7615 W 8 AVENUE	Address	220 W 4TH STREET UNIT 6		
City-State-Zip:	HIALEAH FL 33014				
		City-State-Zip:	HIALEAH FL 33010		
Title	RECEIVER				
Name	RANGEL SANCHEZ, LESKEY				
Address	67 W 10TH ST APT 3				

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:

### Name and Address of Current Registered Agent:

7615 W 8 AVENUE

## FEI Number: 47-2669341

## DOCUMENT# L15000001752

2019 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

Entity Name: PEDRO WINDOWS SERVICES LLC

### **Current Principal Place of Business:**

7615 W 8 AVENUE HIALEAH, FL 33014

### **Current Mailing Address:**

HIALEAH. FL 33014 US

GARCIA, PEDRO L 7615 W 8 AVENUE

HIALEAH, FL 33014 US

FILED Apr 25, 2019 Secretary of State 4516168015CC

Date

Certificate of Status Desired: No

04/25/2019

Date