

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000372604

**Entity Name:** PROFESSIONAL RECOVERY TOWING LLC

**Current Principal Place of Business:**

3875 NW 135TH ST  
OPA LOCKA, FL 33054

**Current Mailing Address:**

8934 NW 112TH ST  
HIALEAH GARDENS, FL 33018 US

**FEI Number:** 87-2264785

**Certificate of Status Desired:** No

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

LEON PAGAN, ANIBAL  
8934 NW 12TH ST  
HIALEAH GARDENS, FL 33018 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            AMBR  
Name            LEON PAGAN, ANIBAL  
Address        8834 NW 112TH ST  
City-State-Zip: HIALEAH GARDENS FL 33018

*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:** ANIBAL LEON PAGAN

AMBR

04/30/2024

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

\_\_\_\_\_  
Date