

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000074101

Entity Name: INVERMASTER LLC**Current Principal Place of Business:**8350 NW 52ND TERRACE
SUITE 301
DORAL, FL 33166**Current Mailing Address:**8350 NW 52ND TERRACE
SUITE 301
DORAL, FL 33166 US**FEI Number:** 20-3245656**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**PONCE ROMAY, ROBERTO EDUARDO
5335 NW 87TH AVE C109
UNIT 272
DORAL, FL 33178 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:** ROBERTO EDUARDO PONCE ROMAY

02/05/2020

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	PRESIDENT, AUTHORIZED REPRESENTATIVE, AUTHORIZED MEMBER
Name	PONCE ROMAY, ROBERTO EDUARDO
Address	5335 NW 87TH AVE C190 UNIT 272
City-State-Zip:	DORAL FL 33178

Title	AUTHORIZED REPRESENTATIVE
Name	PONCE, CARMELA
Address	5335 NW 87TH AVE C109 UNIT 272
City-State-Zip:	DORAL FL 33178

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: ROBERTO EDUARDO PONCE ROMAY

PRESIDENT

02/05/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date