

**2021 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:** No

**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

04/21/2021

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:** PONCE ROMAY, ROBERTO EDUARDO

PRESIDENT

04/21/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date