

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000041064

**Entity Name:** INABLO, LLC

**Current Principal Place of Business:**

7590 NW 186 STREET STE 206A  
MIAMI, FL 33015

**Current Mailing Address:**

7590 NW 186 STREET STE 206A  
MIAMI, FL 33015

**FEI Number:** 26-2503217

**Certificate of Status Desired:** No

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

ACCOUNTAX OFFICE SERVICES CORP  
7590 NW 186 STREET STE 206A  
MIAMI, FL 33015 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 PADILLA, JOSE A  
Address 18483 SW 7TH ST  
City-State-Zip: PEMBROKE PINES FL 33029

Title AMBR  
Name PADILLA, ANA MARIA C  
Address 18483 SW 7TH ST  
City-State-Zip: PEMBROKE PINES FL 33029

Title AMBR  
Name PADILLA CITTADINO, JOSE A  
Address 18483 SW 7TH ST  
City-State-Zip: PEMBROKE PINES FL 33029

Title AMBR  
Name PADILLA, MARIANA A  
Address 18483 SW 7TH ST  
City-State-Zip: PEMBROKE PINES FL 33029

*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:** PADILLA , JOSE A

**PRESIDENT**

**04/22/2016**

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

\_\_\_\_\_  
Date