

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 07, 2008 08:00 A
Secretary of State

DOCUMENT # L00000005429

1. Entity Name

INVERNESS INVESTMENTS, LLC



Principal Place of Business

4748 SOUTH OCEAN BLVD
UNIT 9-A
HIGHLAND BEACH, FL 33487

Mailing Address

183 BARRA LANE
INVERNESS, IL 60067-8002

DO NOT WRITE IN THIS SPACE



03072008No Chg-LLC

CR2E083 (12/07)

4. FEI Number

36-4370673

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

GOLIS, PAUL
2000 GLADES ROAD
SUITE 306
BOCA RATON, FL 33431

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

00000039512

04/18/08-80029-022 138.75

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	HAWKINS, JOAN M
STREET ADDRESS	183 BARRA LANE
CITY-ST-ZIP	INVERNESS, IL 60067

TITLE	
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Joan M. Hawkins JOAN M. HAWKINS

4-4-08

(847) 705-5400