

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 25, 2002 8:00 am
Secretary of State

06-25-2002 90441 024 ***55.00

DOCUMENT # L00000012046

1. Entity Name

Inome LLC

DO NOT WRITE IN THIS SPACE

969577

2. Principal Place of Business

3. Mailing Address

10153 1/2 Riverside Drive

Suite, Apt. #, etc.

4173 Laurel Ridge Cir. PMB 265

Suite, Apt. #, etc.

City & State

Weston FL

City & State

Toluca Lake, CA

4. FEI Number

65-1046351

Applied For

Not Applicable

Zip

33331

Country

USA

Zip

91602

Country

USA

5. Certificate of Status Desired

☒

\$5.00 Additional Fee Required

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**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Mallory Villanueva

Street Address (P.O. Box Number is Not Acceptable)

4173 Laurel Ridge Circle

City

Weston

FL

Zip Code

33331

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.

SIGNATURE

Mallory Villanueva

Mallory Villanueva

6/20/02

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

DATE

FEE IS \$50.00

Make Check Payable to Department of State

DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

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STREET ADDRESS

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Cristaline De Castro

6/20/02

(818) 874-9137

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

Date

Daytime Phone #

Cristaline De Castro