

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000014587

FILED
Apr 30, 2009
Secretary of State

Entity Name: INOTEC, L.L.C.

Current Principal Place of Business:

3511 WEST COMMERCIAL BOULEVARD, SUITE 100
FORT LAUDERDALE, FL 33309

New Principal Place of Business:

Current Mailing Address:

3511 WEST COMMERCIAL BOULEVARD, SUITE 100
FORT LAUDERDALE, FL 33309

New Mailing Address:

FEI Number: 56-2462991

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRONSTEIN, DINA
3511 W COMMERCIAL BLVD
SUITE 100
FORT LAUDERDALE, FL 33309 US

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: DAVIDISSON, SHON
Address: 2395 NE 187TH ST
City-St-Zip: MIAMI, FL 33180

Title: MGR (X) Delete
Name: PINHAS, DINA B
Address: 2395 NE 187TH ST.
City-St-Zip: MIAMI, FL 33180

Title: MGR () Delete
Name: FELDMAN, ORIT R
Address: 20300 W. COUNTRY CLUB DR., PH-8
City-St-Zip: AVENTURA, FL 33180

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change () Addition
Name: FELDMAN, ORIT R
Address: 2135 NE 198 TERR
City-St-Zip: MIAMI, FL 33179

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: ORIT FELDMAN

MGR

04/30/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date