

2004 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED

04 MAY 21 PM 4:11

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # L01000007694

1. Entity Name
INMAR, LLC



Principal Place of Business

7300 BISCAYNE BLVD.
305
MIAMI, FL 33138

Mailing Address

7300 BISCAYNE BLVD.
305
MIAMI, FL 33138

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04302004

Chg-LLC

CR2E083 (10/03)

521

4. FEI Number

65-1104422

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

REGNUM GROUP, INC.
8181 NW 36 STREET
STE 4
MIAMI, FL 33166

7. Name and Address of New Registered Agent

Name RONALD DAVIDOVIC, ESQ

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

21185 MAINSAIL CIR. D-13

City

AVENUE

FL

Zip Code 33180

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)

DATE

Amended AR is \$50.00

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR
NAME KOYUNCU, HAKAN
STREET ADDRESS 7300 BISCAYNE BLVD. SUITE # 305
CITY-ST-ZIP MIAMI, FL 33138 ☐ Delete

TITLE
NAME
STREET ADDRESS 5000376758005 ☐ Addition
CITY-ST-ZIP 06/04/04--01068--005 **50.00

TITLE MGRM
NAME VARDAR, UMUT
STREET ADDRESS 7300 BISCAYNE BLVD. SUITE # 305
CITY-ST-ZIP MIAMI, FL 33138 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE MGRM
NAME YESIL, ENGIN
STREET ADDRESS 7300 BISCAYNE BLVD. SUITE # 305
CITY-ST-ZIP MIAMI, FL 33138 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

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

4/30/04

Date

Daytime Phone #