

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 22, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000003698

1. Entity Name
IN-CO, L.L.C.



Principal Place of Business

150 SE 2ND AVENUE, SUITE 1200
MIAMI, FL 33131

Mailing Address

150 SE 2ND AVENUE, SUITE 1200
MIAMI, FL 33131

DO NOT WRITE IN THIS SPACE



01062004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number

32-0008229

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROSEN, BORIS
150 SE 2ND AVENUE, SUITE 1200
MIAMI, FL 33131

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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 re-issuing)

DATE

**Filing Fee is \$50.00
Due by May 1, 2004**

U000000093040
03/22/04-80001-016 150.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
P
GELBSPAN, BERNARDO G
150 SE 2ND AVE, STE. 1200
MIAMI, FL 33131

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
VT
HALAC, FERNANDO A
150 SE 2ND AVE, STE. 1200
MIAMI, FL 33131

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
S
HALAC, EDGAR D
150 SE 2ND AVE, STE. 1200
MIAMI, FL 33131

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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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 609, Florida Statutes.

SIGNATURE:

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

Date

Daytime Phone #

BERNARDO GABRIEL GELBSPAN 3/19/04 (305) 374 2001