

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

2008 OCT -3 P 1:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L02000013649

1. Entity Name
INBRO GROUP LLC



Principal Place of Business
**5631 SUNBERRY CIRCLE
FORT PIERCE, FL 34951**

Mailing Address
**5631 SUNBERRY CIRCLE
FORT PIERCE, FL 34951**



09122008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
45-0479110

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**GINES, RAUL
5631 SUNBERRY CIRCLE
FORT PIERCE, FL 34951**

**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)

DATE _____

**FILE NOW!!! FEE IS \$138.75
Due by September 12, 2008**

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
CORA, ADRIANA E
LARRAZABEL 1224, C1440CUR-CIUDAD AUTONAMA
REPUBLIC OF ARGENTINA, BA C1440**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
LABANDERA, HORACIO LUIS
LARRAZABEL 1224, C1440CUR-CIUDAD AUTONAMA
REPUBLIC OF ARGENTINA, BA C1440**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**000136469710
09/30/08--01013--002 **138.75**

**DO NOT WRITE
IN THIS SPACE**

REINSTATEMENT 08 AL

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 #