

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 05, 2007 08:00 AM
Secretary of State

DOCUMENT # L02000025237

1. Entity Name
INFLOWSION, L.L.C.



Principal Place of Business
**320 CYPRESS ROAD
OCALA, FL 34472-3102**

Mailing Address
**120 CYPRESS ROAD
OCALA, FL 34472**

DO NOT WRITE IN THIS SPACE



01192007No Chg-LLC

CR2E083 (11/05)

4. FEI Number
33-1029691

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MURDOCK, MICHAEL L
7278 SE 12TH CIRCLE
OCALA, FL 34480**

**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 _____

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LILES, KEVIN J 701 SE 43RD AVE. OCALA, FL 34471
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MURDOCK, MICHAEL L 7278 SE 12TH CIRCLE OCALA, FL 34480
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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 #