

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000025237

**FILED**  
**Jan 12, 2011**  
**Secretary of State**

**Entity Name:** INFLOWSION, L.L.C.

**Current Principal Place of Business:**

320 CYPRESS ROAD  
OCALA, FL 34472

**New Principal Place of Business:**

**Current Mailing Address:**

120 CYPRESS ROAD  
OCALA, FL 34472

**New Mailing Address:**

**FEI Number:** 33-1029691

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LILES, JOHN K  
701 SE 43RD AVENUE  
OCALA, FL 34471 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:** MGRM  
**Name:** LILES, KEVIN J  
**Address:** 701 SE 43RD AVE.  
**City-St-Zip:** Ocala, FL 34471

**Title:** MGRM  
**Name:** LILES, JOHN K  
**Address:** 701 SE 43RD AVENUE  
**City-St-Zip:** Ocala, FL 34480

I hereby 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:** JOHN K LILES

MGRM

01/12/2011

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