

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90035 049 ****50.00

DOCUMENT # L02000034297

1. Entity Name

INVENTO LLC



Principal Place of Business

5200 BLUE LAGOON DRIVE
SUITE 410
MIAMI FL 33126

Mailing Address

5200 BLUE LAGOON DRIVE
SUITE 420
MIAMI FL 33126

2. Principal Place of Business

5200 Blue Lagoon Drive
Suite 200

3. Mailing Address

5200 Blue Lagoon Drive
Suite 200



MOORE

CR2E083 (11/03)

City & State

Miami, Florida

City & State

Miami, Florida

4. FEI Number

86-1055259

Applied For

Not Applicable

Zip

33126

Country

USA

Zip

33126

Country

USA

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

GONZALEZ, TOMAS
5200 BLUE LAGOON DRIVE
SUITE 420
MIAMI FL 33126

7. Name and Address of New Registered Agent

Name: Gonzalez, Tomas
Street Address (P.O. Box Number is Not Acceptable):
5200 Blue Lagoon Drive
Suite 200
City: Miami FL Zip Code: 33126

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

Tomas Gonzalez
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/7/04
DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DGEC GONZALEZ, CARLOS 5200 BLUE LAGOON DRIVE MIAMI FL 33126	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DGCC URIBE, JUANA CARRERA 9, NO. 79A-19 BOGOTA-COLOMBIA	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GLUCK, DOUG 5200 BLUE LAGOON DRIVE MIAMI FL 33126	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D UCROS, ANTONIO CALLE 79 A NO. 8-63 PISO 3 BOGOTA-COLOMBIA	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D De Brigard, Jose Antonio Calle 79 A No.8-63 Piso 3 Bogota - Colombia	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: Tomas Gonzalez - General Manager

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

4/7/04

(305)267 0821

Date

Daytime Phone #