

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000034297

FILED
Apr 30, 2009
Secretary of State

Entity Name: INVENTO LLC

Current Principal Place of Business:

5200 BLUE LAGOON DRIVE
SUITE 200
MIAMI, FL 33126

New Principal Place of Business:

Current Mailing Address:

5200 BLUE LAGOON DRIVE
SUITE 200
MIAMI, FL 33126

New Mailing Address:

FEI Number: 86-1055259

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
SUITE 250
PLANTATION, FL 33324 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: DMGR () Delete
Name: GONZALEZ, CARLOS
Address: 5200 BLUE LAGOON DRIVE, SUITE 200
City-St-Zip: MIAMI, FL 33126

Title: D () Delete
Name: BOSHELL, FELIPE
Address: CALLE 79 A # 8-63 PISO 3
City-St-Zip: BOGOTA-COLOMBIA, XX XX

Title: D () Delete
Name: GLUCK, DOUG
Address: 5200 BLUE LAGOON DRIVE, SUITE 200
City-St-Zip: MIAMI, FL 33126

Title: D () Delete
Name: DEBRIGARD, JOSE A
Address: CALLE 79 A # 8-63 PISO 3
City-St-Zip: BOGOTA-COLOMBIA, XX XX

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: LILIAN, DOMINKOVICS
Address: 5200 BLUE LAGOON DRIVE, SUITE 200
City-St-Zip: MIAMI, FL 33126

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: LILIAN DOMINKOVICS

D

04/30/2009

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