

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

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

02-12-2004 90115 043 ****55.00

DOCUMENT # L03000002093

1. Entity Name

INGRAM INVESTMENTS, LLC



Principal Place of Business

1202 FAWN LAKE PLACE
VALRICO FL 33594

Mailing Address

1202 FAWN LAKE PLACE
VALRICO FL 33594

2. Principal Place of Business

13209 Laraway Court

Suite, Apt. #, etc.

3. Mailing Address

13209 Laraway Court

Suite, Apt. #, etc.

City & State

Riverview, Florida

Zip
33569

Country

City & State

Riverview, Florida

Zip
33569

Country

4. FEI Number

65-1170352

☒ Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$5.00 Additional
Fee Required



MOORE

CR2E083 (11/03)

6. Name and Address of Current Registered Agent

BUSINESS FILINGS INCORPORATED
660 EAST JEFFERSON STREET
TALLAHASSEE FL 32301-0000

7. Name and Address of New Registered Agent

Name

James Ingram

Street Address (P.O. Box Number is Not Acceptable)

13209 Laraway Ct.

City

Riverview

FL

Zip Code

33569

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

2/9/04

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete
NAME TRUMAN, JOE
STREET ADDRESS 1812 SOUTH HWY 77 PMB 122
CITY-ST-ZIP LYNN HAVEN FL 32444

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE MGR ☒ Change ☐ Addition
NAME James Ingram
STREET ADDRESS 13209 Laraway Court
CITY-ST-ZIP Riverview, FL 33569

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

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

Date

Daytime Phone #

2/9/04 813-672-6337