

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000014665

FILED
Apr 25, 2012
Secretary of State

Entity Name: INGEMEL DEVELOPMENT LLC.

Current Principal Place of Business:

20871 JOHNSON STREET
SUITE 115
PEMBROKE PINES, FL 33029 US

New Principal Place of Business:

Current Mailing Address:

20871 JOHNSON STREET
SUITE 115
PEMBROKE PINES, FL 33029 US

New Mailing Address:

FEI Number: 61-1447943

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MORALES, PATRICIA
20871 JOHNSON STREET
SUITE 115
PEMBROKE PINES, FL 33029 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: MORALES, GERMAN PRESIDE
Address: 20871 JOHNSON STREET, STE. 115
City-St-Zip: PEMBROKE PINES, FL 33029 US

Title: MGRM
Name: MORALES, MARIA C V. PRES
Address: 20871 JOHNSON STREET, STE. 115
City-St-Zip: PEMBROKE PINES, FL 33029 US

Title: MGRM
Name: MORALES, PATRICIA SEC.
Address: 20871 JOHNSON STREET, STE. 115
City-St-Zip: PEMBROKE PINES, FL 33029

Title: MGR
Name: MORALES, MARIA C TREAS
Address: 20871 JOHNSON STREET, SUITE 115
City-St-Zip: PEMBROKE PINES, FL 33029 US

Title: MGR
Name: MORALES, GERMAN
Address: 1753 ASPEN LANE
City-St-Zip: WESTON, FL 33327 US

Title: MGR
Name: ARIAS, PEDRO M
Address: 20871 JOHNSON STREET, SUITE 115
City-St-Zip: PEMBROKE PINES, FL 33029

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: MARIA CRISTINA MORALES

MGRM

04/25/2012

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