

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 22, 2008 8:00 am**  
**Secretary of State**

02-22-2008 90038 029 \*\*\*138.75

<b>DOCUMENT # L04000011055</b>					
<b>1. Entity Name</b> INVERMEX, LLC					
<b>Principal Place of Business</b> C/O ELIZABETH BELLO 1460 WEST 68 STREET HIALEAH, FL 33014			<b>Mailing Address</b> C/O ELIZABETH BELLO 1460 WEST 68 STREET HIALEAH, FL 33014		
<b>2. Principal Place of Business - No P.O. Box #</b> C/O Elizabeth Bello Suite, Apt. #, etc. 1450 West 68 St City & State Hialeah FL Zip 33014		<b>3. Mailing Address</b> C/O Elizabeth Bello Suite, Apt. #, etc. 1450 West 68 St City & State Hialeah FL Zip 33014			
		02182008    Chg-LLC    CR2E083 (12/06)		<b>4. FEI Number</b> APPLIED FOR	
				Applied For <input type="checkbox"/> Not Applicable	
				<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> ELIZABETH BELLO 1460 WEST 68 STREET HIALEAH, FL 33014			<b>7. Name and Address of New Registered Agent</b> Name: Elizabeth Bello Street Address (P.O. Box Number is Not Acceptable): 1450 West 68 Street City: Hialeah    FL    Zip Code: 33014		
<b>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.</b> SIGNATURE: <u>Elizabeth Bello</u> DATE: <u>02-20-08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>		<b>Make check payable to</b> <b>Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MS. BELLO, ELIZABETH 1460 WEST 68 STREET HIALEAH, FL 33014	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.</b>					
<b>SIGNATURE:</b> <u>Elizabeth Bello</u>			DATE: <u>02-20-08</u> DAYTIME PHONE #: <u>305/733-0764</u>		