

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 19, 2007 08:00 AM
Secretary of State



DOCUMENT # L04000021579

1. Entity Name

INTERGLOBAL MORTGAGE LENDING, L.L.C.

Principal Place of Business

12515 NORTH KENDALL DRIVE
SUITE 328
MIAMI FL 33186
US

Mailing Address

12515 N. KENDALL DRIVE, STE. 328
MIAMI FL 33186



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

20-0937352

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional Fee Required

1st MOORE

CR2E083 (10/06)

6. Name and Address of Current Registered Agent

BALESTENA, ANTONIO
12515 N. KENDALL DRIVE, STE. 328
MIAMI FL 33186

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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 resigning)

DATE

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE: MGRM ☐ Delete
NAME: ABAL INVESTMENTS CORPORATION
STREET ADDRESS: 12515 N. KENDALL DRIVE, STE. 328
CITY-STATE-ZIP: MIAMI FL 33186

TITLE: MGRM ☐ Delete
NAME: FERBEN INVESTMENTS, INC.
STREET ADDRESS: 12515 N. KENDALL DRIVE, STE. 328
CITY-STATE-ZIP: MIAMI FL 33186

TITLE: MGRM ☐ Delete
NAME: VENAMERICA TRADERS INC
STREET ADDRESS: 832 CORAL WAY
CITY-STATE-ZIP: CORAL GABLES FL 33134

TITLE: MGRM ☐ Delete
NAME: WHITE POINT, LLC
STREET ADDRESS: 12515 N. KENDALL DRIVE, STE. 328
CITY-STATE-ZIP: MIAMI FL 33186

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

10. ADDITIONS/CHANGES

TITLE: ☐ Change ☐ Addition
NAME: U000000718492
STREET ADDRESS: 05/01/07-80024-008 50.00
CITY-STATE-ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

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CITY-STATE-ZIP:

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STREET ADDRESS:
CITY-STATE-ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 custodian empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

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

03/22/07

305 5980052

Date

Daytime Phone #