

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 28, 2008 8:00 am
Secretary of State

05-28-2008 90138 033 ***138.75

DOCUMENT # L04000033879

1. Entity Name
INCOMREAL, LLC



Principal Place of Business
**14024 N.W. 82 AVENUE
MIAMI LAKES, FL 33016**

Mailing Address
**14024 N.W. 82 AVENUE
MIAMI LAKES, FL 33016**

50006018



DO NOT WRITE IN THIS SPACE

05012008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number
20-1128163

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

~~SCHIEF, JAMES M~~
~~9430 SOUTH DADELAND BLVD., STE. 1609~~
~~MIAMI, FL 33156~~
JORGE RAMOS
14024 NW 82 AVE
MIAMI LAKES - FL 33016

**DO NOT WRITE
IN THIS SPACE**

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 **JORGE RAMOS**

4/29/08

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
RAMOS, JORGE
14024 N.W. 82 AVENUE, UNIT 12
MIAMI LAKES, FL 33016

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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IN THIS SPACE**

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.

SIGNATURE **JORGE RAMOS**

4/29/08

(305) 821-4461

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

Date

Daytime Phone #