2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000033879 1. Entity Name 2012 MAY 31 PM 1: 44 INCOMREAL, LLC SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 14024 N.W. 82 AVENUE 14024 N.W. 82 AVENUE MIAMI LAKES, FL 33016 MIAMI LAKES, FL 33016 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite Apt. #, etc. 05152012 Chg-LLC CR2E083 (12/11) Applied For City & State City & State 4. FEI Number Not Applicable 20-1128163 Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RAMOS, JORGE Street Address (P.O. Box Number is Not Acceptable) 14024 NW 82 AVE MIAMI LAKES, FL 33016 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 reinstating) \$138.75 Make check payable to FILE NOW!!! FEE IS \$538.75 Sast day. Florida Department of State Due by September 28, 2012 ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 10. 9. MGRM Change TITLE ☐ Delete TITLE RAMOS, JORGE NAME NAME 800235916728 06/05/12--01010--029 **13 STREET ADDRESS 14024 N.W. 82 AVENUE STREET ADDRESS **138.75 CITY-ST-ZIP MIAMI LAKES, FL 33016 CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TTLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Daleta TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filling 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 698. Florida Statutes. SIGNATURE: SIGNATURE AND TYPED OR PE NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE E-MAIL ADDRESS

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