

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

FILED
Feb 08, 2008 8:00 am
Secretary of State

02-08-2008 90100 013 ***138.75

DOCUMENT # L04000077872

1. Entity Name

INAGFT LLC



Principal Place of Business

C/O WILLIAM R. BOOSE, III
515 NORTH FLAGLER DRIVE, SUITE 1900
WEST PALM BEACH FL 33401

Mailing Address

C/O WILLIAM R. BOOSE, III
515 NORTH FLAGLER DRIVE, SUITE 1900
WEST PALM BEACH FL 33401



2. Principal Place of Business - No P.O. Box #
2101 S. Congress Avenue

3. Mailing Address
2101 S. Congress Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E083 (10/07)

City & State
Delray Beach, FL

City & State
Delray Beach, FL

4. FEI Number
20-1799093

Applied For

Not Applicable

Zip
33445

Country
USA

Zip
33445

Country
USA

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BOOSE, WILLIAM R III
515 NORTH FLAGLER DRIVE, SUITE 1900
WEST PALM BEACH FL 33401

Name

ELMORE, GEORGE T.

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

2101 S. Congress Avenue

City

Delray Beach

FL

Zip Code

33445

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 reappointing)

DATE

1-31-08

FILE NOW!!! FEE IS \$138.75
After May 1, 2008, Fee Will Be \$538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGR
ELMORE, GEORGE T
1320 NORTH OCEAN BOULEVARD
GULFSTREAM FL 33483 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition

TITLE
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NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition

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 trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

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

Date

Daytime Phone #

1-31-08

561-278-0456