

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 04, 2005 8:00 am
Secretary of State

04-04-2005 90429 012 ****50.00



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1. Entity Name

INVESTMENT FIRST GROUP LLC

Principal Place of Business

10155 COLLINS AVENUE #710
BAL HARBOUR FL 33154

Mailing Address

10155 COLLINS AVENUE #710
BAL HARBOUR FL 33154



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

20-1909187

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

1st MOORE

CR2E083 (10/04)

6. Name and Address of Current Registered Agent

CHOEROS, VIOLETA
10155 COLLINS AVENUE #710
BAL HARBOUR FL 33154

7. Name and Address of New Registered Agent

Name

CHOCRON, VIOLETA

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 reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
MGRM
CHOERON, VIOLETA ☐ Delete
STREET ADDRESS
10155 COLLINS AVENUE #710
CITY-ST-ZIP
BAL HARBOUR FL 33154

TITLE
NAME
CHOCRON, VIOLETA ☒ Change ☐ Addition
STREET ADDRESS
10155 COLLINS AVE. #710
CITY-ST-ZIP
BAL HARBOUR FL 33154

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Violeta Chocron

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

Date

Daytime Phone #