

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000007544

FILED
May 05, 2008
Secretary of State

Entity Name: INDALO INVESTMENTS LLC

Current Principal Place of Business:

15551 SW 157 STREET
MIAMI, FL 33187

New Principal Place of Business:

Current Mailing Address:

15551 SW 157 STREET
MIAMI, FL 33187

New Mailing Address:

FEI Number: 86-1127230 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

GARCIA, IDEAL M
15551 SW 157 STREET
MIAMI, FL 33187 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

ADDITIONS/CHANGES:

Title: MGRM () Delete
Name: GARCIA, IDEAL M
Address: 15551 SW 157 STREET
City-St-Zip: MIAMI, FL 33187

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM () Delete
Name: NUNEZ, JORGE
Address: 16285 SW 78 TERRACE
City-St-Zip: MIAMI, FL 33193

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM () Delete
Name: GARCIA, DIEGO JR.
Address: 2387 SW 5 STREET
City-St-Zip: MIAMI, FL 33135

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: IDEAL M. GARCIA

MGRM

05/05/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date