

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000017023

**FILED**  
**Apr 12, 2010**  
**Secretary of State**

**Entity Name:** INVERAMERICA, LLC

**Current Principal Place of Business:**

2121 PONCE DE LEON BLVD., SUITE 1050  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

**Current Mailing Address:**

2121 PONCE DE LEON BLVD., SUITE 1050  
CORAL GABLES, FL 33134

**New Mailing Address:**

**FEI Number:** 20-2379174

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CONSULTING SERVICES OF SOUTH FLORIDA, INC  
2121 PONCE DE LEON BLVD., SUITE 1050  
CORAL GABLES, FL 33134 US

**Name and Address of New Registered Agent:**

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:**

Title: MGRM  
Name: O'HARA CORPORATION  
Address: 2121 PONCE DE LEON BLVD.,SUITE 1050  
City-St-Zip: CORAL GABLES, FL 33134

Title: MGRM  
Name: DOLPHIN SUCCESS  
Address: 2121 PONCE DE LEON BLVD.,SUITE 1050  
City-St-Zip: CORAL GABLES, FL 33134

Title: MGRM  
Name: FABRE, ALVARO  
Address: 2121 PONCE DE LEON BLVD.,SUITE 1050  
City-St-Zip: CORAL GABLES, FL 33134

Title: MGRM  
Name: LBM BLUE, LLC  
Address: 2121 PONCE DE LEON BLVD.,SUITE 210  
City-St-Zip: CORAL GABLES, FL 33134

I hereby 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: ALVARO FABRE

MGRM

04/12/2010

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