

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

FILED

Apr 23, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000034525

1. Entity Name

I.P.NET, LLC



Principal Place of Business

10256 NW 47TH ST
SUNRISE FL 33351

Mailing Address

10256 NW 47TH ST
SUNRISE FL 33351

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E083 (10/07)

4. FEI Number

20-4641150

Applied For

No: Applicable

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

GOLDMAN, CHARLES J ESQ
601 SOUTH FEDERAL HIGHWAY
HOLLYWOOD FL 33020

Name

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 fee if applicable.

(NOTE: Registered Agent Signature is required when constituting)

DATE

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 ☐ Delete
NAME P
STREET ADDRESS MORALES, MAXIMO V
CITY-ST-ZIP 10256 NW 47TH ST
SUNRISE FL 33351

TITLE ☐ Change ☐ Addition
NAME U000000917651
STREET ADDRESS 05/13/08-80051-012 143.75
CITY-ST-ZIP

TITLE ☐ Delete
NAME VP
STREET ADDRESS GEISSE-MORALES, FRANCES M
CITY-ST-ZIP 10256 NW 47TH ST
SUNRISE FL 33351

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

TITLE ☐ Delete
NAME CT
STREET ADDRESS BREGANTE, GIANCARLO
CITY-ST-ZIP 10256 NW 47TH ST
SUNRISE FL 33351

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

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:

Maximo V. Morales

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

04/12/08

Date

954-578-5929

Daytime Phone #