

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000076322

Entity Name: INDALO ENTERPRISES LLC

FILED
May 05, 2008
Secretary of State

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: 56-2525607 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:

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

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

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

ADDITIONS/CHANGES:

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

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

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