

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000076322

FILED  
Apr 03, 2009  
Secretary of State

Entity Name: INDALO ENTERPRISES 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: 56-2525607

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

GARCIA, IDEAL M  
2387 SW 5 STREET  
MIAMI, FL 33135 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:

04/03/2009

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

MGMR

04/03/2009

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