

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

FILED
Mar 19, 2008 08:00 A
Secretary of State

DOCUMENT # L05000117757

1. Entity Name

IONEL & FLORICA INV., LLC



Principal Place of Business

**15595 NW 15 AVE
MIAMI FL 33169**

Mailing Address

**15595 NW 15 AVE
MIAMI FL 33169**



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

20-3924601

Applied For

Not 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

**INCORPORATE USA, INC.
3150 SANDY RIDGE DR
CLEARWATER FL 33761**

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 as filed in appropriate)

(NOTE: Registered Agent's signature required when reinstating)

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 **MGRM**
STREET ADDRESS **BEJENARU, IONEL**
CITY- ST- ZIP **10671 SW 27 TH ST
DAVIE FL 33328**

TITLE ☐ Change ☐ Addition
NAME **U00000864195**
STREET ADDRESS **04/04/08-80003-024 138.75**
CITY- ST- ZIP

TITLE ☐ Delete
NAME **MGRM**
STREET ADDRESS **BEJENARU, FLORICA**
CITY- ST- ZIP **10671 SW 27 TH ST
DAVIE FL 33328**

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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:

Florica Bejenaru

03.15.08

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

Date

Entity's Phone #