

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000120669

FILED
Apr 02, 2008
Secretary of State

Entity Name: IND, LLC

Current Principal Place of Business:

1925 NW 108TH AVENUE
MIAMI, FL 33172

New Principal Place of Business:

Current Mailing Address:

10938 NW 44TH TER
MIAMI, FL 33178

New Mailing Address:

1925 NW 108TH AVENUE
MIAMI, FL 33172

FEI Number: 20-4076500

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CADENA, JUAN P
10938 NW 44TH TER
MIAMI, FL 33178 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: P () Delete
Name: CADENA, JUAN P
Address: 10938 NW 44 TERRACE
City-St-Zip: DORAL, FL 33178

Title: VP () Delete
Name: CADENA, ANATILDE C
Address: 10938 NW 44 TERRACE
City-St-Zip: DORAL, FL 33178

Title: S () Delete
Name: CADENA, GUILLERMO E
Address: 10938 NW 44 TERRACE
City-St-Zip: DORAL, FL 33178

Title: TD () Delete
Name: CADENA, LUIS F
Address: 10938 NW 44 TERRACE
City-St-Zip: DORAL, FL 33178

Title: M () Delete
Name: CADENA, LUIS E
Address: 10938 NW 44 TERRACE
City-St-Zip: DORAL, FL 33178

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:

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: ANATILDE C CADENA

VP

04/02/2008

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