

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000120669

FILED  
Apr 16, 2009  
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:**

1925 NW 108TH AVENUE  
MIAMI, FL 33172

**New Mailing Address:**

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:**

CADENA, JUAN P  
1925 NW 108TH AVENUE  
MIAMI, FL 33172      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: \_\_\_\_\_

04/16/2009

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: P (X) Change ( ) Addition  
Name: CADENA, JUAN P  
Address: 1925 NW 108TH AVE  
City-St-Zip: MIAMI, FL 33172

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: MGR (X) Change ( ) Addition  
Name: CADENA, LUIS E  
Address: 10938 NW 44 TERRACE  
City-St-Zip: DORAL, FL 33178

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: JUAN PABLO CADENA

P

04/16/2009

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