

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 21, 2008 8:00 am
Secretary of State

07-21-2008 90083 001 ***538.75

DOCUMENT # L06000009544

1. Entity Name
INNET, LLC.



Principal Place of Business

6101 BLUE LAGOON DR
STE 150
MIAMI, FL 33126 US

Mailing Address

6101 BLUE LAGOON DR
STE 150
MIAMI, FL 33126 US

50008711



01122008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-4222020

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

APONTE, CARLOS E
6101 BLUE LAGOON DR
STE 150
MIAMI, FL 33126

**DO NOT WRITE
IN THIS SPACE**

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 and title if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	APONTE, CARLOS E
STREET ADDRESS	6101 BLUE LAGOON DR STE #150
CITY- ST- ZIP	MIAMI, FL 33126

TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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NAME	
STREET ADDRESS	
CITY- ST- ZIP	

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: _____

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

Date

Daytime Phone #

Jul-09-2008 786 2880175