

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90437 049 ****50.00

DOCUMENT # L06000030747

1. Entity Name
ILL INVESTMENTS, LLC



Principal Place of Business
7112 NW 68TH DRIVE
PARKLAND, FL 33067

Mailing Address
7112 NW 68TH DRIVE
PARKLAND, FL 33067

60031202



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

20 NE 6th Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01242007 Chg-LLC CR2E083 (12/06)

City & State

City & State

Pompano Beach FL

4. FEI Number

20-4753395

Applied For

Not Applicable

Zip

Country

Zip

33060

Country

Broward

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

PERPETUO, IZONE M
7112 NW 68TH DRIVE
PARKLAND, FL 33067

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 and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete
NAME PERPETUO, LUCIANA C
STREET ADDRESS 7112 NW 68TH DRIVE
CITY-ST-ZIP PARKLAND, FL 33067

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGR ☐ Delete
NAME PERPETUO, IZONE M
STREET ADDRESS 7112 NW 68TH DRIVE
CITY-ST-ZIP PARKLAND, FL 33067

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Luciana C Perpetuo

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

Date

Daytime Phone #