

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 07, 2008 8:00 am
Secretary of State

01-07-2008 90046 031 ***138.75

DOCUMENT # L06000056632

1. Entity Name
INIR INVESTMENTS LLC



Principal Place of Business
**6310 PENT PLACE
MIAMI LAKES, FL 33014**

Mailing Address
**6310 PENT PLACE
MIAMI LAKES, FL 33014**

60000144

2. Principal Place of Business - No P.O. Box #
3099 W 4 AVE.

3. Mailing Address
3099 W 4 AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01042008 Chg-LLC CR2E083 (12/06)

City & State
HIALEAH FL

City & State
HIALEAH FL

4. FEI Number
20-4988592

Applied For
Not Applicable

Zip
33012

Country
USA

Zip
33012

Country
USA

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

**GONZALEZ, INDALECIO
6310 PENT PLACE
MIAMI LAKES, FL 33014**

Name **GONZALEZ INDALECIO**

Street Address (P.O. Box Number is Not Acceptable)

3099 W. 4 AVE

City **HIALEAH**

FL

Zip Code
33012

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

INDALECIO GONZALEZ

1-4-08

**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 **MGRM** ☐ Delete
NAME **GONZALEZ, INDALECIO**
STREET ADDRESS **6310 PENT PLACE**
CITY-ST-ZIP **MIAMI LAKES, FL 33014**

TITLE **MGRM** ☒ Change ☐ Addition
NAME **GONZALEZ INDALECIO**
STREET ADDRESS **3099 W 4 AVE**
CITY-ST-ZIP **HIALEAH FL 33012**

TITLE **MGRM** ☐ Delete
NAME **GONZALEZ, IRMA**
STREET ADDRESS **6310 PENT PLACE**
CITY-ST-ZIP **MIAMI LAKES, FL 33014**

TITLE **MGRM** ☒ Change ☐ Addition
NAME **GONZALEZ IRMA**
STREET ADDRESS **3099 W 4 AVE**
CITY-ST-ZIP **HIALEAH - FL 33012**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

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

INDALECIO GONZALEZ

1-4-08

Date

305-888-8489

Daytime Phone #