## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L06000067789

INMAN, COLLEEN TRUSTEE

**DAVIE, FL 33328** 

4611 SOUTH UNIVERSITY DR., SUITE 162

Name:

Address:

City-St-Zip:

Entity Name: INMAN D, L.L.C.

FILED Jun 22, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 4611 SOUTH UNIVERSITY DR., SUITE 162 DAVIE, FL 33328 **Current Mailing Address: New Mailing Address:** 4611 SOUTH UNIVERSITY DR., SUITE 162 DAVIE, FL 33328 FEI Number: 20-5236476 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SIMONS, DAVID JESQ JEROMÉ A. SIMONS, P.A. 3864 SHERIDAN STREET HOLLYWOOD, FL 33021 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: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: () Delete Title: () Change () Addition INMAN, DAVID TRUSTEE Name: Name: Address: 4611 SOUTH UNIVERSITY DR., SUITE 162 Address: City-St-Zip: DAVIE, FL 33328 City-St-Zip: Title: MGR ( ) Delete 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: DAVID INMAN MGR 06/22/2009