


LIMITED LIABILITY COMPANY ANNUAL REPORT

For Office Use Only
DO NOT WRITE IN THIS SPACE

| | |
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| DOCUMENT # LC06000094805 |  |
| 1. Entity Name IDR, LLC | |

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

11 JUN 10 AM 11:14

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| | |
|---|--|
| 2. Principal Place of Business - No P.O. Box # 1303 W. Fletcher Ave | 3. Mailing Address 1604 Haven Bend |
| Suite, Apt. #, ect. # | Suite, Apt. #, ect. |
| City & State Tampa FL | City & State Tampa FL |
| Zip 33612 | Country Hills |

CR2E083B (1/11)

| | | |
|--|--|-------------------------------|
| 6. DO NOT WRITE IN THIS SPACE | 4. FEI Number 20-8290624 | Applied For Not Applicable |
| | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | |
| | 7. Name and Address of Current Registered Agent | |
| | Name Dr. Alex Gutierrez | |
| Street Address (P.O. Box Number is Not Acceptable) 1604 Haven Bend | | |
| City Tampa FL 33613 | | |

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

DATE

January 1 - May 1 Fee is \$138.75
After May 1, Fee is \$538.75
Amended AR is \$50.00

Make Check Payable to Florida Department of State

E-mail Address:

MAG005@hotmail.com

To be used for future annual report notices

| 9. MANAGING MEMBERS/MANAGERS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MEM ALEX GUTIERREZ 1604 HAVEN BEND TAMPA, FL 33613 |
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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. The information on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in § 817.455, F.S.

SIGNATURE:

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

Date

Daytime Phone#

6/11 813-766-8081

Submitted with P06-124488