

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000018037

FILED  
Jan 29, 2008  
Secretary of State

Entity Name: INKAPLACE L.L.C.

**Current Principal Place of Business:**

3637 SUMMERWIND CIRCLE  
BRADENTON, FL 34209

**New Principal Place of Business:**

**Current Mailing Address:**

3637 SUMMERWIND CIRCLE  
BRADENTON, FL 34209

**New Mailing Address:**

FEI Number: 32-0191452

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CRISP, PARK P  
4509 14TH ST W  
BRADENTON, FL 34207 US

**Name and Address of New Registered Agent:**

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:**

Title: MGR ( ) Delete  
Name: MACCHIAVELLO, SOFIA  
Address: 5508 29TH ST WEST  
City-St-Zip: BRADENTON, FL 34207

Title: MGRM ( ) Delete  
Name: MACCHIAVELLO, ESTEFANIA  
Address: 5508 29TH ST WEST  
City-St-Zip: BRADENTON, FL 34207

Title: MGRM ( ) Delete  
Name: MACCHIAVELLO, MARIANGELA  
Address: 5508 29TH ST WEST  
City-St-Zip: BRADENTON, FL 34207

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: SOFIA MACCHIAVELLO

MGR

01/29/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date