## 2008 LIMITED LIABILITY COMPANY

## **ANNUAL REPORT**

DOCUMENT # L07000083767

1. Entity Name IROMA INVESTMENTS III, LLC

# **FILED** Jan 30, 2008 8:00 am Secretary of State

01-30-2008 90096 036 \*\*\*138.75

•				
Principal Place of Business 3099 WEST 4 AVE HIALEAH, FL 33012		Mailing Address 3099 WEST 4 AVE HIALEAH, FL 33012		60004968
2 Brigainal B	Place of Pusingers No P.O. Roy #	3. Mailing Address		
2. Principal Place of Business - No P.O. Box #		3. Maining Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01042008 Chg-LLC CR2E083 (12/06)
City & State		City & State		4. FEI Number Applied For Not Applied For Not Applied For
Zip	Country	Zip	Country	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
00171	-7.405		Name	
GONZALEZ, ADEL 3099 WEST 4 AVE HIALEAH, FL 33012		Street Addres		ess (P.O. Box Number is Not Acceptable)
macean,	1 2 00012			
			City	FL Zip Code
	e named entity submits this statement for tions of registered agent.	r the purpose of changing its	registered office or reg	stered agent, or both, in the State of Florida. I am familiar with, and accept
CICNIATURE				
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTI	: Registered Agent signature re	***************************************
	E NOW!!! FEE IS \$138.75 y 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State
9.	MANAGING MEMBE	RS/MANAGERS	10.	ADDITIONS/CHANGES
TITLE	MGRM	☐ Delete	TITLE	☐ Change ☐ Addition
name Street address	GONZALEZ, ADEL 3099 WEST 4 AVE		NAME STREET ADDRESS	
CITY-ST-ZIP	HIALEAH, FL 33012		CITY-ST-ZIP	
TITLE	MGRM	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	GONZALEZ, MORAINA		NAME	
STREET ADDRESS			STREET ACORESS CITY-ST-ZIP	
CITY-ST-ZIP	HIALEAH, FL 33012		TITLE	☐ Change ☐ Addition
TITLE NAME		☐ Delete	NAME	() Chaile Chaire
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS CITY-ST-ZIP			STREET ADORESS  CITY-ST-ZIP	
		☐ Delete	TITLE	☐ Change ☐ Addition
TITLE NAME		□ Delete	NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME STREET ADDRESS	
STREET ADDRESS CITY-ST-ZIP	·		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 STONING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE ADEL GONZALEZ

-24:08 325-888-8489 Date