

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Sep 27, 2004 08:00 AM
Secretary of State

DOCUMENT # L95000000495

1. Entity Name
INTERMYPYS SYSTEMS, L.C.



Principal Place of Business
**1000 BRICKELL AVE., SUITE 420
MIAMI, FL 33131**

Mailing Address
**1000 BRICKELL AVE., SUITE 420
MIAMI, FL 33131**



07122C04No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0590336

Applied For
☐ Not Applicable

5. Certificate Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**HERNANDEZ, JULIAN
1150 NW 72ND AVE., SUITE 555
MIAMI, FL 33126**

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$50.00
Due by September 8, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
**MGRM
LANZAFAME, ALFIO
90 ALTON RD., APT. 1610
MIAMI BEACH, FL 33139**

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
**MGRM
DE ROTAECHE, AITOR
7601 E. TREASURE DR., #2116
NORTH BAY VILLAGE, FL 33131**

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i) 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 609, Florida Statutes.

SIGNATURE: _____

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

Date

Daytime Phone #

7/19/04 305-374 4443