

**ANNUAL REPORT**

DOCUMENT # L98000002446

Entity Name  
IETREMIT, L.L.C.**FILED**  
**May 03, 2004 08:00 AM**  
**Secretary of State**Principal Place of Business  
845 S.W. 98TH ST.  
PINECREST, FL 33156Mailing Address  
6845 S.W. 98TH ST.  
PINECREST, FL 33156

02132004 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**4. FEI Number  
65-0873900Applied For  
Not Applicable5. Certificate of Status Desired ☐**\$5.00** Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

MOORE, ERIC  
845 S.W. 98TH ST  
PINECREST, FL 33156**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.**Filing Fee is \$50.00**  
**Due by May 1, 2004**000000148011  
05/03/04-60126-025 50.00

## MANAGING MEMBERS/MANAGERS

NAME LAST FIRST MIDDLE ADDRESS CITY - STATE - ZIP	MGRM MOORE, MARTINE D 6845 SW 98TH ST MIAMI, FL 33156
NAME LAST FIRST MIDDLE ADDRESS CITY - STATE - ZIP	MGRM MOORE, ERIC V 6845 S.W. 98TH ST. PINECREST, FL 33156
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IN THIS SPACE**

I, 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 608, Florida Statutes.

SIGNATURE: