

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED

FEB 12 2005 08:00 AM
RECEIVED
Secretary of State
JAN 19 2005

DOCUMENT # M00000000922

1. Entity Name

INERGI, L.L.C.



Principal Place of Business

304 TEQUESTA DRIVE, SUITE 100
TEQUESTA FL 33469

Mailing Address

304 TEQUESTA DRIVE, SUITE 100
TEQUESTA FL 33469

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E083 (10/04)

4. FEI Number

38-3261220

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

BERMAN, RONALD J
304 TEQUESTA DRIVE, SUITE 100
TEQUESTA FL 33469

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	HICKEY, THOMAS J	
STREET ADDRESS	304 TEQUESTA DRIVE, SUITE 100	
CITY - ST - ZIP	TEQUESTA FL 33469	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	BERMAN, RONALD J	
STREET ADDRESS	304 TEQUESTA DRIVE, SUITE 100	
CITY - ST - ZIP	TEQUESTA FL 33469	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	CORN, JOSHUA	
STREET ADDRESS	304 TEQUESTA DRIVE, SUITE 100	
CITY - ST - ZIP	TEQUESTA FL 33469	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY - ST - ZIP		

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02/12/05-80059-007 50.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

2.7.05 561.745.8773