

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000072706

**FILED**  
**Apr 27, 2010**  
**Secretary of State**

**Entity Name:** INNOVIDA CENTRAL FLORIDA, LLC

**Current Principal Place of Business:**

560 LINCOLN ROAD  
SUITE 303  
MIAMI BEACH, FL 33139

**New Principal Place of Business:**

**Current Mailing Address:**

% 701 BRICKELL AVENUE, STE. 1400  
MIAMI, FL 33131

**New Mailing Address:**

201 SOUTH BISCAYNE BOULEVARD  
SUITE 800  
MIAMI, FL 33131

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

LAW CENTER OF THE AMERICAS, LLC  
201 SOUTH BISCAYNE BOULEVARD  
SUITE 800  
MIAMI, FL 33131 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: MGRP  
Name: OSORIO, CLAUDIO  
Address: 560 LINCOLN ROAD, SUITE 303  
City-St-Zip: MIAMI BEACH, FL 33139

Title: MGRV  
Name: OSORIO, AMARILIS  
Address: 560 LINCOLN ROAD, SUITE 303  
City-St-Zip: MIAMI BEACH, FL 33139

Title: CFOT  
Name: TOLL, CRAIG  
Address: 560 LINCOLN ROAD, SUITE 303  
City-St-Zip: MIAMI BEACH, FL 33139

I hereby 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: CLAUDIO OSORIO

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04/27/2010

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