## I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

#### SIGNATURE: CATHLEEN ROGALNY

# **Current Principal Place of Business:**

142 OLD COUNTRY RD WELLINGTON. FL 33414

## **Current Mailing Address:**

DOCUMENT# L05000065797

142 OLD COUNTRY RD WELLINGTON. FL 33414 US

## FEI Number: 65-1111861

### Name and Address of Current Registered Agent:

ROGALNY, CATHLEEN M 142 OLD COUNTRY RD WELLINGTON, FL 33414 US

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

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Entity Name: INNOVATIVE INVESTMENT SOLUTIONS LLC

### Authorized Person(s) Detail :

Title	MGRM	Title	MGRM
Name	ROGALNY, CATHLEEN M	Name	ROGALNY, VICTOR R
Address	142 OLD COUNTRY RD	Address	142 OLD COUNTRY RD
City-State-Zip:	WELLINGTON FL 33414	City-State-Zip:	WELLINGTON FL 33414

Electronic Signature of Signing Authorized Person(s) Detail

#### FILED Mar 31, 2019 Secretary of State 6882679360CC

Certificate of Status Desired: No

MEMBER

03/31/2019

Date

Date