SIGNATURE: CATHLEEN ROGALNY

Electronic Signature of Signing Authorized Person(s) Detail

# DOCUMENT# L05000065797

#### Entity Name: INNOVATIVE INVESTMENT SOLUTIONS LLC

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

#### **Current Principal Place of Business:**

440 GOLDENWOOD WAY WELLINGTON. FL 33414

#### **Current Mailing Address:**

440 GOLDENWOOD WAY WELLINGTON, FL 33414 US

### FEI Number: 65-1111861

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

ROGALNY, CATHLEEN M 440 GOLDENWOOD WAY WELLINGTON, FL 33414 US

Certificate of Status Desired: No

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	
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#### Authorized Person(s) Detail :

Title	MGRM	Title	V.P
Name	ROGALNY, CATHLEEN M	Name	ROGALNY, VICTOR R
Address	440 GOLDENWOOD WAY	Address	440 GOLDENWOOD WAY
City-State-Zip:	WELLINGTON FL 33414	City-State-Zip:	WELLINGTON FL 33414

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.

MANAGING MEMBER

04/29/2014

## FILED Apr 29, 2014 Secretary of State CC5040949579

Date

Date