

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000033512

**Entity Name:** SPACE COAST INNOVATIONS, LLC

**Current Principal Place of Business:**

410 GAILS WAY  
MERRITT ISLAND, FL 32953

**Current Mailing Address:**

410 GAILS WAY  
MERRITT ISLAND, FL 32953 US

**FEI Number: 27-2327048**

**Certificate of Status Desired: Yes**

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

KRUPCZAK, JAYE LYNNE  
410 GAILS WAY  
MERRITT ISLAND, FL 32953 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

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title MGR  
Name MANN, DENIS L  
Address 795 ELLIOTT DRIVE  
City-State-Zip: MERRITT ISLAND FL 32952

Title MGRM  
Name MANN, LYNN M  
Address 795 ELLIOTT DRIVE  
City-State-Zip: MERRITT ISLAND FL 32952

Title MGRM  
Name KRUPCZAK, MICHAEL J  
Address 410 GAILS WAY  
City-State-Zip: MERRITT ISLAND FL 32953

Title MGRM  
Name KRUPCZAK, JAYE LYNNE  
Address 410 GAILS WAY  
City-State-Zip: MERRITT ISLAND FL 32953

*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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: JAYE LYNNE KRUPCZAK**

**MGRM**

**03/16/2013**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date