

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000145037

**Entity Name:** INNOVATIVE STREET LLC**Current Principal Place of Business:**11284 CAMPFIELD CIRCLE  
JACKSONVILLE, FL 32256**Current Mailing Address:**11284 CAMPFIELD CIRCLE  
JACKSONVILLE, FL 32256 US**FEI Number:** 47-4935271**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**NAGPAL, SUMIT  
11284 CAMPFIELD CIRCLE  
STE 285  
JACKSONVILLE, FL 32256 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	AP
Name	ARORA, ROHAN
Address	221 WALKERS BLUFF CT
City-State-Zip:	WAXHAW NC 28173

Title	AP
Name	ARORA, THELMA
Address	221 WALKERS BLUFF CT
City-State-Zip:	WAXHAW NC 28173

Title	AP
Name	NAGPAL, SUMIT
Address	11284 CAMPFIELD CIRCLE
City-State-Zip:	JACKSONVILLE FL 32256

Title	AP
Name	MALHOTRA, AARTI
Address	11284 CAMPFIELD CIRCLE
City-State-Zip:	JACKSONVILLE FL 32256

Title	AP
Name	GROVER, RITIKA
Address	1321 UPLAND DR #5647
City-State-Zip:	HOUSTON TX 77043

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:** SUMIT NAGPAL**MEMBER****04/25/2018**

Electronic Signature of Signing Authorized Person(s) Detail

Date