

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000068991

**Entity Name:** INNOVATION CONTRACTOR LLC

**Current Principal Place of Business:**

15970 W STATE ROAD 84  
#358  
SUNRISE, FL 33326

**Current Mailing Address:**

15970 W STATE ROAD 84  
#358  
SUNRISE, FL 33326 US

**FEI Number:** 37-1853916

**Certificate of Status Desired:** No

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

HU, BIN  
15970 W STATE ROAD 84  
#358  
SUNRISE, FL 33326 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:** BIN HU

01/17/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AMBR  
Name HU, BIN  
Address 15970 W STATE ROAD 84  
#358  
City-State-Zip: SUNRISE FL 33326

*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:** BIN HU

AMBR

01/17/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date