

**2019 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M09000002683

**FILED**  
**Jan 30, 2019**  
**Secretary of State**  
**2220567267CC**

**Entity Name:** INNOVENTIONS INTERNATIONAL, LLC

**Current Principal Place of Business:**

240 CRANDON BLVD  
SUITE 115  
KEY BISCAYNE, FL 33149

**Current Mailing Address:**

4095 STATE ROAD 7  
STE L-216  
WELLINGTON, FL 33449

**FEI Number:** 20-8074288

**Certificate of Status Desired:** No

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

SLN MANAGEMENT, LLC  
240 CRANDON BLVD  
STE 115  
KEY BISCAYNE, FL 33149 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 MERCENARI, FERNANDO  
Address 240 CRANDON BLVD STE 115  
City-State-Zip: KEY BISCAYNE FL 33149

Title MGR  
Name MERCENARI, JUAN CARLOS  
Address 240 CRANDON BLVD STE 115  
City-State-Zip: KEY BISCAYNE FL 33149

Title MGR  
Name MERCENARI, BRUNO  
Address 240 CRANDON BLVD STE 115  
City-State-Zip: KEY BISCAYNE FL 33149

Title MGR  
Name DEL POZZO, HUGO  
Address 240 CRANDON BLVD STE 115  
City-State-Zip: KEY BISCAYNE FL 33149

Title MGR  
Name GARZA, RAFAEL  
Address 240 CRANDON BLVD STE 115  
City-State-Zip: KEY BISCAYNE FL 33149

Title CFO  
Name HASBACH, BERNARDO  
Address 4095 STATE ROAD 7  
STE L-216  
City-State-Zip: WELLINGTON FL 33449

*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:** BERNARDO HASBACH

**CFO**

**01/30/2019**

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

\_\_\_\_\_  
Date