

FILED

02 JUN 12 PM 1:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **LC100000635**

1. Entity Name

Innovative Operators, LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

16747 Hemmingway Drive
Suite, Apt. #, etc.

3. Mailing Address

16747 Hemmingway Drive
Suite, Apt. #, etc.

City & State

Weston, Florida

City & State

Weston, Florida

Zip
33326

Country
USA

Zip
33326

Country
USA

4. FEI Number

Applied Fee
Not Applicable

5. Certificate of Status Due

☒ \$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name **Edward C. Clougherty**

Street Address (P.O. Box Number is Not Accepted)
16747 Hemmingway Drive

City
Weston

FL **33326**

**DO NOT WRITE
IN THIS SPACE**

8. 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

Edward C. Clougherty

FEE IS \$80.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY- ST- ZIP	MEM Edward C. Clougherty 16747 Hemmingway Drive Weston, Florida 33326
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**DO NOT WRITE
IN THIS SPACE**

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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.

SIGNATURE:

Edward C. Clougherty

6/4/02 954-614-2331

SIGNATURE AND TYPES OR PRINTED NAME OF SPOUSE, MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date: _____

FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302

PH: (850) 668-4318 FX: (850) 668-3398

FILED
02 JUN 12 PM 1:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DATE: 06-11-02

ACCOUNT NO: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

Abbie Hodge

TYPE OF FILING: LIMITED LIABILITY UBR

NAME: INNOVATIVE OPERATORS, LLC

SPECIAL INSTRUCTIONS:

RETURN A GOOD STANDING CERTIFICATE PLEASE

TALLAHASSEE, FLORIDA
DIVISION OF CORPORATIONS
DEPARTMENT OF STATE

02 JUN 11 PM 3:36

RECEIVED

Wild Acres, Inc.
852 B Lancaster Rd
Orlando, Fl. 32809

June 11, 2002

Secretary of State
Division of Corporation
P.O.Box 6327
Tallahassee Fl 32314

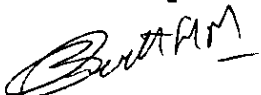
Ref:- Document # P99000104939
Sub:- Waiver of penalty

Dear Sir/Madam,

With reference to above, I undersigned HIMANSHU BHATT, President of WILD ACRES, INC. would like to request you to waive the penalty for non-payment of Annual Filing Fees for 2002 on the following grounds.

We never received the Annual Filing Form for 2002, may be lost in the mail due to old address, which was not forwarded to us. Unfortunatley, I never realized that I did not pay the annual filing fee for 2002 as I did not received the Filing Form for 2002. In this bad economy, our business is very slow, we can not afford to pay penalty. I would like to request you to waive the penalty on the basis of lack of knowledge and misunderstandings & hardship.

I assure you that this is not going to happen in the future, if I will receive the Form on or before due date. Please waive the penalty on the basis of lack of knowledge, misunderstanding, and undue hardship. Thanking you in advance for your cooperation. Sorry for the inconvenience that caused to you.
Sincerely,



(HIMANSHU BHATT)