

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000020216

FILED
Jul 02, 2008
Secretary of State

Entity Name: INNOVATIVE SOLUTIONS, LLC

Current Principal Place of Business:

19940 MONA RD
SUITE 6
TEQUESTA, FL 33469

New Principal Place of Business:

711 W. INDIANTOWN ROAD
B1
JUPITER, FL 33458

Current Mailing Address:

19940 MONA RD
SUITE 6
TEQUESTA, FL 33469

New Mailing Address:

711 W. INDIANTOWN ROAD
B1
JUPITER, FL 33458

FEI Number: 47-0850395 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

BALLOU, DAVID C
19940 MONA RD
SUITE 6
TEQUESTA, FL 33469 US

Name and Address of New Registered Agent:

BALLOU, DAVID C
711 W. INDIANTOWN ROAD
B1
JUPITER, FL 33458 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:

07/02/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: PROSKE, KENNETH I
Address: 601 DOUGLAS DR
City-St-Zip: JUPITER, FL 33458

Title: MGRM () Delete
Name: BALLOU, DAVID C
Address: 2360 SW ISLAND CREEK TRAIL
City-St-Zip: PALM CITY, FL 34990

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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.

SIGNATURE: JENNIFER METZLER

MS

07/02/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date