

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 04, 2003 8:00 am**  
**Secretary of State**

07-16-2003 90029 004 \*\*\*\*50.00

**DOCUMENT # L02000005867**

1. Entity Name  
**INNOVO L.L.C.**



**55053229**

Principal Place of Business  
**C/O AMERICAN INCORPORATORS LTD.  
1220 N. MARKET STREET, SUITE 606  
WILMINGTON DE 19801**

Mailing Address  
**C/O AMERICAN INCORPORATORS LTD.  
1220 N. MARKET STREET, SUITE 606  
WILMINGTON DE 19801**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For

☒ Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FLORIDA FILING & SEARCH SERVICES, INC.  
1333 DUVAL STREET  
TALLAHASSEE FL 32303**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
WORLD FUND, INC.  
SUITE 302 EAST BUILDING NO. 34/20 CUBA AVE  
PANAMA CITY 5, PANAMA**

☐ Delete

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

☐ Change ☐ Addition

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:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**7-9-03**

Date

**800-421-5753**

Daytime Phone #

CR2E083 (10/02)



Attachment

FLORIDA DEPARTMENT OF STATE

Glenda E. Hood

Secretary of State

July 18, 2003

55053229

# L02000005867

INNOVO L.L.C.

C/O AMERICAN INCORPORATORS LTD.

1220 N. MARKET STREET, SUITE 606

WILMINGTON, DE 19801

Subject: INNOVO L.L.C.

Reference Number: L02000005867

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/RH

ANNUAL REPORTS SECTION

The LLC is not required to have a FEI #.  
I have checked the appropriate box.