

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000000089

1. Entity Name
INNOVATIVE SYSTEMS DESIGN, LLC



Principal Place of Business
5028 SILVERTHORNE COURT
OLDSMAR, FL 34677

Mailing Address
5028 SILVERTHORNE COURT
OLDSMAR, FL 34677

2. Principal Place of Business
2623 GREEN CROSSING DR.
Suite, Apt. #, etc.

3. Mailing Address
3111-20 MAHAN DRIVE
Suite, Apt. #, etc.
#2114

City & State
TALLAHASSEE, FL 32309

City & State
TALLAHASSEE, FL

Zip
32309 Country
UNITED STATES

Zip
32308 Country
UNITED STATES

08222004 Chg-LLC CR2E083 (10/03)

4. FEI Number ☒ Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CLOUD CONSULTING, INC.
2709 BLAIR STONE LANE
TALLAHASSEE, FL 32301

7. Name and Address of New Registered Agent

Name
CLOUD CONSULTING, INC.

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

3111-20 MAHAN DRIVE, #2114

City TALLAHASSEE FL Zip Code 32308

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 Robert WADE CLOUD

Robert Wade Cloud

8-22-04

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00
Due by September 8, 2004

PK

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

MANAGING MEMBER
Robert WADE CLOUD
STORED VALUE SOLUTIONS, LLC
3111-20 MAHAN DRIVE, #2114
TALLAHASSEE, FL 32308

000040970280
09/10/04--01067--005 **\$5.00

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:

Robert WADE CLOUD

Robert Wade Cloud

8-22-04 850-878-9524

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

Date

Daytime Phone #

FILED
04 AUG 23 AM 11:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

