

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
FINAL Apr 21, 2008 08:00 AM
Secretary of State

DOCUMENT # L03000002857

1. Entity Name
INNOVATIVE PROTECTIVE PRODUCTS, LLC



Principal Place of Business
1420 COMMERCE PARK DR.
TIPP CITY, OH 45371

Mailing Address
1420 COMMERCE PARK DR.
TIPP CITY, OH 45371



02262008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number

36-4519698

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

WENRICK, BRIAN
742 NE JENSEN BEACH BLVD.
JENSEN BEACH, FL 34957

**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. 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 \$138.75
After May 1, 2008 Fee will be \$538.75

U000000308126
05/06/08-80018-009 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	WENRICK, BRIAN
STREET ADDRESS	1414 COMMERCE PARK DR
CITY - ST - ZIP	TIPP CITY, OH 45371

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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CITY - ST - ZIP	

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Brian A Wenrick

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

X 4-15-2008

Date

Daytime Phone #