

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-09-2004 90220 025 ****55.00

DOCUMENT # L03000004164

1. Entity Name

INNOVART, LLC



Principal Place of Business

9024 COLLINS AVE. SUITE B
SURFSIDE FL 33154

Mailing Address

9024 COLLINS AVE. SUITE B
SURFSIDE FL 33154

2. Principal Place of Business

3. Mailing Address

375 FAIRWAY DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI BEACH, FL

4. FEI Number

32-0058520

☒ Applied For

☐ Not Applicable

Zip

Country

Zip

33141

Country

5. Certificate of Status Desired

☒ \$5.00 Additional Fee Required

MOORE

CR2E083 (11/03)

34003637



6. Name and Address of Current Registered Agent

ALVAREZ, LUCAS D
9024 COLLINS AVE. SUITE B
SURFSIDE FL 33154

7. Name and Address of New Registered Agent

Name ALVAREZ, LUCAS D

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

375 FAIRWAY DR

City MIAMI BEACH

FL

Zip Code 33141

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]* LUCAS D. ALVAREZ MGR.

4-6-04

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, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☒ Delete
NAME ALVAREZ, LUCAS D
STREET ADDRESS 9024 COLLINS AVE. SUITE B
CITY-ST-ZIP SURFSIDE FL 33154

TITLE MGR ☒ Delete
NAME PERALTA, ADRIAN M
STREET ADDRESS 9024 COLLINS AVE. SUITE B
CITY-ST-ZIP SURFSIDE FL 33154

TITLE MGR ☐ Delete
NAME ALVAREZ, LUCAS D.
STREET ADDRESS 375 FAIRWAY DR
CITY-ST-ZIP MIAMI BEACH FL 33141

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

Date

Daytime Phone #

4-6-04 (305) 815-0298