2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jun 13, 2007 8:00 am
Secretary of State
06-13-2007 90092 031 ****50.00

DOCUMENT # L03000004164

1. Entity Name
INNOVART, LLC

Principal Place of Business
9024 COLLINS AVE.
SUITE C
SURFSIDE FL 33154

Mailing Address
375 FAIRWAY DR
MIAMI BEACH FL 33141

1st MOORE CR2E083 (10/06)

2. Principal Place of Business - No P.O. Box # 9024 COLLINS AVE
Suite, Apt. #, etc. SUITE C
City & State SURFSIDE FLORIDA
Zip 33154 Country USA

3. Mailing Address 15191 SW 15 PLACE
Suite, Apt. #, etc.
City & State DAVIE FLORIDA
Zip 33326 Country USA

4. FEI Number 32-0058520 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent
ALVAREZ, LUCAS D
375 FAIRWAY DR
MIAMI BEACH FL 33141

7. Name and Address of New Registered Agent
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, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR	☐ Delete
NAME	ALVAREZ, LUCAS D	
STREET ADDRESS	375 FAIRWAY DR	
CITY-ST-ZIP	MIAMI BEACH FL 33141	
TITLE	MGR	☐ Delete
NAME	ADRIAN, MARCELO P	
STREET ADDRESS	5264 NE 3RD CT #2	
CITY-ST-ZIP	MIAMI FL 33137	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	MGR	■ Change ☐ Addition
NAME	ALVAREZ, LUCAS D.	
STREET ADDRESS	15191 SW 15 PLACE	
CITY-ST-ZIP	DAVIE, FL 33326	
TITLE	MGR	■ Change ☐ Addition
NAME	PERALTA, ADRIAN M.	
STREET ADDRESS	9024 COLLINS AVE. SUITE C	
CITY-ST-ZIP	SURFSIDE FL 33154	
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		
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 exemptions contained in Section 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: _____ 05/01/07 305-993-1862
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #