

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

FILED
Mar 10, 2008 08:00 A
Secretary of State

DOCUMENT # L03000004164	
1. Entity Name INNOVART, LLC	

Principal Place of Business 9024 COLLINS AVE. SUITE C SURFSIDE FL 33154	Mailing Address 15191 SW 15 PLACE DAVIE FL 33326
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E083 (10/07)

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.

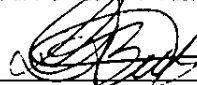
SIGNATURE _____ (NOTE: Registered agent signature required when changing info) DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008, Fee Will Be \$538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ALVAREZ, LUCAS D 15191 SW 15 PLACE DAVIE FL 33326 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ADRIAN, MARCELO P 9024 COLLINS AVE STE C SURFSIDE FL 33154 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	U00000855457 ☐ Change ☐ Addition 03/27/08-80049-025 138.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	U00000855457 ☐ Change ☐ Addition 03/27/08-80049-026 5.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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:  **03/06/08 305-993-1862**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #