

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

Annual Report 2010

DOCUMENT # L03000030189

1. Limited Liability Company's Name

Cyclops INNOVATIONS, LLC

FILED

2010 JUN 15 PM 4:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

300182174293
06/17/10--01001--016 **138.75

CR2E041 (11/09)

2. Principal Office Address - No P.O. Box #

4175 W BONANZA DR

Suite, Apt. #, etc.

3. Mailing Office Address

PO Box 640247

Suite, Apt. #, etc.

City & State

Beverly Hills, FL

Zip

34465

Country

USA

City & State

Beverly Hills, FL

Zip

34464

Country

USA

4. State/Country of Formation

CITRUS

5. Date Organized or Qualified
To Do Business in Florida

8/6/03

6. FEI Number

20-0332814

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name DAVID DIBARTOLOMEO

Street Address (P.O. Box Number is Not Acceptable)
4175 W BONANZA DR

Suite, Apt. #, Etc.

City Beverly Hills

State FL

Zip Code 34465

☐ A \$100 reinstatement fee is imposed, except
in circumstances which the entity did not
receive the prior notices. By checking this
box, you are certifying the prior notices were
not received and requesting the \$100
reinstatement be waived.

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 5/25/10

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
Mgr	DAVID DIBARTOLOMEO	4175 W BONANZA DR	BH, FL 34465

11. E-mail Address:

(To be used for future annual report notifications)

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of
Managing Member/Manager

Date

5/25/10

Daytime Phone #

352-2708322

Typed or printed name of signing Managing Member/Manager

CAF