FILED
Mar 31, 2008 8:00 am
Secretary of State
02-07-2008 90087 050 ***143.75

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000003855

1. Entity Name
INNOVART GRAPHIC APPLICATIONS LLC

30002990

Principal Place of Business	Mailing Address
3059 GRAND AVENUE SUITE 310 COCONUT GROVE, FL 33133 US	3059 GRAND AVENUE SUITE 310 COCONUT GROVE, FL 33133 US

01242008 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
660 Crandon Blvd	660 Crandon Blvd.
Suite, Apt. #, etc. #107	Suite, Apt. #, etc. #107
City & State Key Biscayne, Fl	City & State Key Biscayne, Fl
Zip 33149 Country US	Zip 33149 Country US

4. FEI Number 61-1465488 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SOLEDAD, JUNCADELLA
3059 GRAND AVENUE
SUITE 310
COCONUT GROVE, FL 33133

7. Name and Address of New Registered Agent

Name Juncadella, Soledad (last name)
Street Address (P.O. Box Number is Not Acceptable) 660 Crandon Blvd. #107
City Key Biscayne FL Zip Code 33149

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 S Juncadella
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

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SOLEDAD, JUNCADELLA 3059 GRAND AVENUE SUITE 310 COCONUT GROVE, FL 33133	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Juncadella, Soledad 660 Crandon Blvd. #107 Key Biscayne, Fl 33149.	☒ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Add

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: S Juncadella