

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 11, 2005 8:00 am
Secretary of State

04-11-2005 90050 005 ****50.00

DOCUMENT # L04000014051

1. Entity Name
INNOVATIVE DUPLEXES, LLC



Principal Place of Business
**6975 40TH STREET NE
NAPLES, FL 34120**

Mailing Address
**6975 40TH STREET NE
NAPLES, FL 34120**

20028746



2. Principal Place of Business

6945 Sunny Brook Blvd
Suite, Apt. #, etc.

3. Mailing Address

6945 Sunny Brook Blvd
Suite, Apt. #, etc.

04052005 Chg-LLC CR2E083 (10/03)

City & State

Englewood FL

City & State

Englewood FL

4. FEI Number

20-0764989

Applied For

Not Applicable

Zip

34224

Country

USA

Zip

34224

Country

USA

5. Certificate of Status Desired

☒

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**OTERO, YHOVANNI
6975 40TH STREET NE
NAPLES, FL 34120**

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

YHOVANNI OTERO

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-5-05

DATE

**Filing Fee is \$50.00
Due by May 1, 2005**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
OTERO, YHOVANNI
6975 40TH STREET NE
NAPLES, FL 34120** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
OTERO, OSVALDO F
4725 40TH STREET NE
NAPLES, FL 34120** ☐ 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
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
OTERO, OSVALDO F.
8509 LAUREL LAKES BLVD.
NAPLES FL 34119** ☒ 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

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 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:

YHOVANNI OTERO

MANAGING MEMBER

Date

Daytime Phone #

4-5-05 941-474-7400