

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000077701

FILED
Apr 20, 2009
Secretary of State

Entity Name: INNOVATIVE CONVERGENCE SOLUTIONS LLC

Current Principal Place of Business:

913 W TIMBERLAND TRAIL
ALTAMONTE SPRINGS, FL 32714 US

New Principal Place of Business:

931 W TIMBERLAND TRAIL
ALTAMONTE SPRINGS, FL 32714 US

Current Mailing Address:

931 N STATE ROAD 434
SUITE 1201, BOX 190
ALTAMONTE SPRINGS, FL 32714 US

New Mailing Address:

FEI Number: 20-0535102 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PINO, MARIO J
913 W. TIMBERLAND TR
ALTAMONTE SPRINGS, FL 32714 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: PINO, MARIO J
Address: 931 N STATE ROAD 434, SUITE 1201, BOX 190
City-St-Zip: ALTAMONTE SPRINGS, FL 32714 US

Title: MGR () Delete
Name: VELASQUEZ, DENNIS
Address: 9009 W 100TH TERRACE
City-St-Zip: OVERLAND PARK, KS 66212 US

Title: MGR () Delete
Name: LYNCH, JOHN
Address: P.O. BOX 47042
City-St-Zip: TAMPA, FL 33647 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MARIO J PINO

MGR

04/20/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date