

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000080729

Entity Name: INNOVELOPMENT, L.L.C.

**FILED**  
**Aug 20, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

4009 E APPLESEED DRIVE  
APPLETON, WI 54913

**New Principal Place of Business:**

N922 TOWER VIEW DRIVE  
SUITE 207  
APPLETON, WI 54942

**Current Mailing Address:**

4009 E APPLESEED DRIVE  
APPLETON, WI 54913

**New Mailing Address:**

N922 TOWER VIEW DRIVE  
SUITE 207  
APPLETON, WI 54942

FEI Number: 20-1851115

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

HALE, ERIC J  
13631 ZORI LANE  
WINDERMERE, FL 34786 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: PRES  
Name: HALE, KAREN M  
Address: 4009 E APPLESEED DRIVE  
City-St-Zip: APPLETON, WI 54913

Title: VP  
Name: GLENN, KARLOV  
Address: 321 E CASTLEBURY LANE  
City-St-Zip: APPLETON, WI 54913

I hereby 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: KAREN M. HALE

PRES

08/20/2012

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