

# **2010 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L05000001656

**FILED**  
**Feb 04, 2010**  
**Secretary of State**

**Entity Name:** INNOVATIVE PRODUCT SUPPLIERS L.L.C.

**Current Principal Place of Business:**

511 LAKE CHARM CT  
OVIEDO, FL 32765 US

**New Principal Place of Business:**

**Current Mailing Address:**

511 LAKE CHARM CT  
OVIEDO, FL 32765 US

**New Mailing Address:**

PO BOX 623097  
OVIEDO, FL 32762 US

**FEI Number:** 41-2160917      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

FYLER, ROBERT  
511 LAKE CHARM CT  
OVIEDO, FL 32765 US

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

FYLER, CALVIN R CEO  
511 LAKE CHARM CT  
OVIEDO, FL 32765 US

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: CALVIN R. FYLER

02/04/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: FYLER, CALVIN R CEO  
Address: 511 LAKE CHARM CT  
City-St-Zip: OVIEDO, FL 32765 US

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: CALVIN R. FYLER

CEO

02/04/2010

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