

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000019480

FILED
May 22, 2009
Secretary of State

Entity Name: INNOVATED INVESTOR DEVELOPMENT, LLC

Current Principal Place of Business:

11243 SW 11TH
PEMBROKE PINES, FL 33028

New Principal Place of Business:

11243 SW 11TH
PEMBROKE PINES, FL 33025

Current Mailing Address:

11243 SW 11TH
PEMBROKE PINES, FL 33028

New Mailing Address:

11243 SW 11TH
PEMBROKE PINES, FL 33025

FEI Number: 20-2392387 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
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:

WILLIAMS, SONYA M
11243 SW 11TH
PEMBROKE PINES, FL 33028 US

Name and Address of New Registered Agent:

WILLIAMS, SONYA M
11243 SW 11TH
PEMBROKE PINES, FL 33025 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: _____

05/22/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: P () Delete
Name: WILLIAMS, SONYA M
Address: 11243 SW 11TH
City-St-Zip: PEMBROKE PINES, FL 33025

Title: MGRM () Delete
Name: HODGES, VANESSA
Address: 11243 SW 11TH
City-St-Zip: PEMBROKE PINES, FL 33025

ADDITIONS/CHANGES:

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: SONYA WILLIAMS

P

05/22/2009

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