

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 27, 2007 8:00 am
Secretary of State

05-02-2007 90358 026 ****55.00

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DOCUMENT # L05000024803 1. Entity Name INNOVA, LLC <i>Fed TAX I.D. 81-0669189</i>			
Principal Place of Business 6687 N.W. 25TH WAY BOCA RATON, FL 33496 US		Mailing Address 6687 NW 25TH WAY BOCA RATON, FL 33496 US	
2. Principal Place of Business - No P.O. Box # <i>6687 N.W. 25th Way</i> Suite, Apt. #, etc.		3. Mailing Address <i>6687 N.W. 25th Way</i> Suite, Apt. #, etc.	
City & State Boca Raton, FL Zip 33496 Country		City & State Boca Raton, FL Zip 33496 Country	
4. FEI Number APPLIED FOR		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☒		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent GASPARI, CHARLES 3520 EMBASSY DRIVE WEST PALM BEACH, FL 33401		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 _____ (NOTE: Registered Agent signature required when retreating) DATE _____			
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SKLADZIEN, LINDA G 6687 NW 25TH WAY BOCA RATON, FL 33496 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SHAPIRO, NILS 6687 NW 25TH WAY BOCA RATON, FL 33496 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR POELVOORDE, RAYMOND 6687 NW 25TH WAY BOCA RATON, FL 33496 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	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 exemptions contained in Chapter 119, 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: <i>Linda G. Skladzien</i>		Date 4.29.07 Daytime Phone # (561) 981-8571	