2009 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Feb 17, 2009
Secretary of State

DOCUMENT# L05000050762

Entity Name: INNOVATIVE IDEAS, LLC

Current Principal Place of Business:

9314 FOREST HILL BLVD
SUITE 73
WELLINGTON, FL 33411

New Principal Place of Business:

9314 FOREST HILL BLVD
SUITE 114
WELLINGTON, FL 33411

Current Mailing Address:

9314 FOREST HILL BLVD
SUITE 73
WELLINGTON, FL 33411

New Mailing Address:

9314 FOREST HILL BLVD
SUITE 114
WELLINGTON, FL 33411

FEI Number: 20-4839221 **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:

TROJA, LAURA
9314 FOREST HILL BLVD
SUITE 73
WELLINGTON, FL 33411 US

Name and Address of New Registered Agent:

TROJA, LAURA
9314 FOREST HILL BLVD
SUITE 114
WELLINGTON, FL 33411 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: LAURA TROJA 02/17/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: TROJA, LAURA
Address: 9314 FOREST HILL BLVD SUITE 73
City-St-Zip: WELLINGTON, FL 33411

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: TROJA, LAURA
Address: 9314 FOREST HILL BLVD SUITE 114
City-St-Zip: WELLINGTON, FL 33411

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: LAURA TROJA MGR 02/17/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date