

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000056800

Entity Name: INNOVATION SPECIALISTS, LLC

FILED  
Jan 11, 2007  
Secretary of State

**Current Principal Place of Business:**

2016 MONTANA AVENUE NE  
ST. PETERSBURG, FL 33703

**New Principal Place of Business:**

**Current Mailing Address:**

2016 MONTANA AVENUE NE  
ST. PETERSBURG, FL 33703

**New Mailing Address:**

FEI Number: 20-2964011

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BETTS, WILLIAM L  
2016 MONTANA AVENUE NE  
ST. PETERSBURG, FL 33703 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: MGRM ( ) Delete  
Name: BETTS, WILLIAM L  
Address: 2016 MONTANA AVE., NE  
City-St-Zip: ST. PETERSBURG, FL 33703

Title: MGRM ( ) Delete  
Name: MUX, INC.,  
Address: 1545 SOUTH WELLS AVE., SUITE 106  
City-St-Zip: RENO, NV 89502

**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 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: WILLIAM L. BETTS

MGRM

01/11/2007

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