

**FILED**  
**Jun 04, 2007 8:00 am**  
**Secretary of State**

5

**DOCUMENT # L05000084196**

1. Entity Name  
INNOVATIVE HOME TECHNOLOGIES LLC



Principal Place of Business

8616 30TH ST. E.  
PARRISH, FL 34219

**Mailing Address**

8616 30TH ST. E.  
PARRISH, FL 34219

2. Principal Place of Business - No P.O. Box #

12626 30TH ST. Circle E  
Suite, Apt. #, etc.

Suite, Apt. #, etc.

### 3. Mailing Address

12626 30TH ST. Circle E  
Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

Zip 34219 Co 1

Country *Marshall*

City &amp; State \_\_\_\_\_

Zip  
34219

34219

Country Mexico

02072007

Chg-LLC

CR2E083 (12/06)

4. FEI Number

**20-3364865**

Applied For	
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Not Applicable

### 5. Certificate of Status Desired

☐ **\$5.00 Additional Fee Required**

**5. Name and Address of Current Registered Agent**

7. Name and Address of New Registered Agent

DUDLEY, CHAD  
8616 30TH ST. E.  
PARRISH, FL 34219

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**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

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	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<b>MGRM</b> <b>DUDLEY, CHAD</b> <b>8616 30TH ST. E.</b> <b>PARRISH, FL 34219</b> <input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addit <i>12626 30TH ST. Circle E</i> <i>Parrish FL 34219</i>
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addit
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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.

Chad Dudley