

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 20, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # L06000006506**

1. Entity Name  
INOVENTION, LC



Principal Place of Business  
213 LINKSIDE CIRCLE  
PONTE VEDRA BEACH, FL 32082

Mailing Address  
213 LINKSIDE CIRCLE  
PONTE VEDRA BEACH, FL 32082

**DO NOT WRITE IN THIS SPACE**



02162008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number  
04-3841600

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

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

POLSTER, LEIGH BRYAN  
213 LINKSIDE CIRCLE  
PONTE VEDRA BEACH, FL 32082-NMGR

**DO NOT WRITE  
IN THIS SPACE**

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

*Leigh Bryan Palster*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM
NAME	TALL OAKS, INC.
STREET ADDRESS	51 PARTRIDGE CIRCLE
CITY-ST-ZIP	WINTER SPRINGS, FL 32708
TITLE	MGRM
NAME	LACKOVIC, JOHN J
STREET ADDRESS	110 CHARLESTOWN HUNT DRIVE
CITY-ST-ZIP	PHOENIXVILLE, PA 19460
TITLE	MGRM
NAME	POLSTER, ROBERT W
STREET ADDRESS	213 LINKSIDE CIRCLE
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000864719  
04/04/08-80026-003 138.75

**DO NOT WRITE  
IN THIS SPACE**

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:**

*Robert W Palster*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

3/18/08 904.273.6557