

# **2009 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000021942

**FILED**  
**Apr 17, 2009**  
**Secretary of State**

**Entity Name:** HOSPITALITY INNOVATIONS LLC

**Current Principal Place of Business:**

7210 US HIGHWAY 19 NORTH  
PINELLAS PARK, FL 33781

**New Principal Place of Business:**

**Current Mailing Address:**

7210 US HIGHWAY 19 NORTH  
PINELLAS PARK, FL 33781

**New Mailing Address:**

**FEI Number:** 20-4443665

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ENDERLE, KEVIN  
7210 US HIGHWAY 19 NORTH  
PINELLAS PARK, FL 33781 US

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

KEICOR CONSULTING, INC.  
815 ORIENTA AVE  
2020  
ALTAMONTE SPRINGS, FL 32701 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: KEITH LEHMANN FOR KEICOR CONSULTING, INC.

04/17/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: ENDERLE, KEVIN  
Address: 4022 MCINTOSH ROAD  
City-St-Zip: DOVER, FL 33527 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: KEVIN ENDERLE

MGR

04/17/2009

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