

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000044348

**FILED**  
**Apr 08, 2007**  
**Secretary of State**

**Entity Name:** MICHAEL'S NNOVATIONS, LLC

**Current Principal Place of Business:**

502 WARWICK DRIVE  
VENICE, FL 34293

**New Principal Place of Business:**

**Current Mailing Address:**

502 WARWICK DRIVE  
VENICE, FL 34293

**New Mailing Address:**

**FEI Number:** 20-4776940

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DUNN-RANKIN, MICHAEL  
502 WARWICK DRIVE  
VENICE, FL 34293 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: ( ) Delete

Name:

Address:

City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGR ( ) Change (X) Addition

Name: DUNN-RANKIN, MICHAEL MGR

Address: 502 WARWICK DRIVE

City-St-Zip: VENICE, FL 34293 US

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: MICHAEL DUNN-RANKIN

MGR

04/08/2007

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