# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Apr 27, 2007**
**Secretary of State**

DOCUMENT# L06000064979

**Entity Name:** INNOVATIVE SOLUTIONS, LLC

**Current Principal Place of Business:**

1004 N 59TH AVE
PENSACOLA, FL 32506 US

**New Principal Place of Business:**

**Current Mailing Address:**

1004 N 59TH AVE
PENSACOLA, FL 32506 US

**New Mailing Address:**

**FEI Number: 20-5459282** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

BERRY, WALTER D
1004 N 59TH AVE
PENSACOLA, FL 32506 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: MGR ( ) Delete
Name: BERRY, WALTER D
Address: 1004 N 59TH AVE
City-St-Zip: PENSACOLA, FL 32506 US

Title: MGR ( ) Delete
Name: SCARBROUGH, CHARLES W
Address: 9667 HOLLOWBROOK CIR
City-St-Zip: PENSACOLA, FL 32514 US

Title: MGR ( ) Delete
Name: MULLERY, ANTHONY P
Address: 121 DREW CIR
City-St-Zip: PENSACOLA, FL 32503 US

**ADDITIONS/CHANGES:**

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

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 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: WALTER BERRY MGR 04/27/2007

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