

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 23, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # L06000078387

1. Entity Name  
INNOVATIVE DIGITAL OFFICE SOLUTIONS LLC



Principal Place of Business  
1729 SW WATERFALL BLVD  
PALM CITY, FL 34990

Mailing Address  
P.O. BOX 548  
PALM CITY, FL 34990



01162008No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
56-2613009

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional  
Fee Required

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

MULACH, JOEL F  
1729 SW WATERFALL BLVD  
PALM CITY, FL 34990

**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 \_\_\_\_\_

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	MULACH, JOEL F
STREET ADDRESS	1729 SW WATERFALL BLVD
CITY-ST-ZIP	PALM CITY, FL 34990

TITLE	
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U000000792188  
01/23/08-80103-025 138.75

**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: \_\_\_\_\_

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

Date

Daytime Phone #

Joel Mulach 1/14/08 772-215-9661