

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000112742

FILED  
Apr 28, 2008  
Secretary of State

Entity Name: INNOVATIVE INSURANCE AGENCY, LLC

## Current Principal Place of Business:

343 W. CENTRAL AVE  
104  
LAKE WALES, FL 33853

## New Principal Place of Business:

## Current Mailing Address:

3936 S. SEMORAN BLVD  
438  
ORLANDO, FL 32822

## New Mailing Address:

343 W. CENTRAL AVE  
104  
LAKE WALES, FL 33853

FEI Number: 20-5922352

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

MILTON, SICARD  
3936 S. SEMORAN BLVD  
438  
ORLANDO, FL 32822 US

## Name and Address of New Registered Agent:

MARTINEZ, VICTOR M  
348 SUMMIT AVENUE  
LAKE WALES, FL 33853 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: VICTOR M. MARTINEZ

04/28/2008

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: P ( ) Delete  
Name: SICARD, MILTON  
Address: 3936 S. SEMORAN BLVD # 438  
City-St-Zip: ORLANDO, FL 32822

Title: VP ( ) Delete  
Name: MARTINEZ, VICTOR  
Address: P. O. BOX 8005  
City-St-Zip: FEDHAVEN, FL 33854

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES:

Title: CEO (X) Change ( ) Addition  
Name: MARTINEZ, VICTOR M JR.  
Address: 348 SUMMIT AVENUE  
City-St-Zip: LAKE WALES, FL 33853

Title: P (X) Change ( ) Addition  
Name: MARTINEZ, VICTOR SR.  
Address: 348 SUMMIT AVENUE  
City-St-Zip: LAKE WALES, FL 33853

Title: CFO ( ) Change (X) Addition  
Name: ROLON, BETTY  
Address: 348 SUMMIT AVENUE  
City-St-Zip: LAKE WALES, FL 33853

Title: TR ( ) Change (X) Addition  
Name: MARTINEZ, BRENDA L  
Address: 348 SUMMIT AVENUE  
City-St-Zip: LAKE WALES, FL 33853

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: VICTOR M MARTINEZ

CEO

04/28/2008

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