

2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L06000112742

FILED
Apr 29, 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:**343 W. CENTRAL AVE
104
LAKE WALES, FL 33853**New Mailing Address:**3936 S SEMORAN BLVD
438
ORLANDO, FL 32822**FEI Number:** 20-5922352**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**MARTINEZ, VICTOR M
348 SUMMIT AVENUE
LAKE WALES, FL 33853 US**Name and Address of New Registered Agent:**SICARD, MILTON FOUNDER
3936 S SEMORAN BLVD
438
ORLANDO, FL 32822 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: MILTON SICARD

04/29/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:**Title:** CEO () Delete
Name: MARTINEZ, VICTOR M JR.
Address: 348 SUMMIT AVENUE
City-St-Zip: LAKE WALES, FL 33853**Title:** P () Delete
Name: MARTINEZ, VICTOR SR.
Address: 348 SUMMIT AVENUE
City-St-Zip: LAKE WALES, FL 33853**Title:** CFO () Delete
Name: ROLON, BETTY
Address: 348 SUMMIT AVENUE
City-St-Zip: LAKE WALES, FL 33853**Title:** TR () Delete
Name: MARTINEZ, BRENDA L
Address: 348 SUMMIT AVENUE
City-St-Zip: LAKE WALES, FL 33853**Title:** () Delete
Name:
Address:
City-St-Zip:**ADDITIONS/CHANGES:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** F/P (X) Change () Addition
Name: SICARD, MILTON
Address: 3936 S SEMORAN BLVD 438
City-St-Zip: ORLANDO, FL 32822**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** D () Change (X) Addition
Name: MARTINEZ, VICTOR SR
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: MILTON SICARD

F/P

04/29/2008

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