

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

<b>DOCUMENT # L07000020315</b>			
1. Entity Name <b>INVALUABLE TECHNOLOGIES, LLC</b>			
Principal Place of Business <b>14565 CHRISTEN DR. JACKSONVILLE, FL 32218</b>		Mailing Address <b>14565 CHRISTEN DR. JACKSONVILLE, FL 32218</b>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



**FILED**

**09 FEB 17 AM 11:13**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**



**07032008 Chg-LLC CR2E083 (12/06)**

4. FEI Number <b>208766083</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$5.00 Additional Fee Required</b>

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
HILL, DEBRA 8834 GOODBY'S EXECUTIVE DR. STE. A JACKSONVILLE, FL 32217		Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008</b>	In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE <b>MGR</b>	NAME <b>BURKMIER, MATTHEW</b>	<input type="checkbox"/> Delete	TITLE <b>600143807496</b>	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS <b>14565 CHRISTEN DR.</b>	CITY- ST- ZIP <b>JACKSONVILLE, FL 32218</b>		STREET ADDRESS <b>02717709--01038--007</b>	<b>**143.75</b>	
TITLE <b>MGR</b>	NAME <b>FERRON, MARCUS</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS <b>1240 W. JARVIS AVE. APT. # 205</b>	CITY- ST- ZIP <b>CHICAGO, IL 60626</b>		STREET ADDRESS		
TITLE <b>MGR</b>	NAME <b>KIRCHMAN, BRIAN</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS <b>1302 BARRY AVE. APT. # 1</b>	CITY- ST- ZIP <b>CHICAGO, IL 60627</b>		STREET ADDRESS		
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS	CITY- ST- ZIP		STREET ADDRESS		
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS	CITY- ST- ZIP		STREET ADDRESS		
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS	CITY- ST- ZIP		STREET ADDRESS		

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:** Matthew Burkmiel MGR 01/10/09 708-666-6288  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #