

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000029162

Entity Name: INOVA SOLUTIONS, LLC

FILED
Jul 14, 2008
Secretary of State

Current Principal Place of Business:

700 BANYAB TRAIL, SUITE 200
BOCA RATON, FL 33431 US

New Principal Place of Business:

700 BANYAN TRAIL, SUITE 200
BOCA RATON, FL 33431 US

Current Mailing Address:

700 BANYAB TRAIL, SUITE 200
BOCA RATON, FL 33431 US

New Mailing Address:

700 BANYAN TRAIL, SUITE 200
BOCA RATON, FL 33431 US

FEI Number: 20-8654239 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

SUGIMOTO, DIANE
13120 SW 107TH STREET
MIAMI, FL 33186 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: SUGIMOTO, GHEN
Address: 13120 SW 107TH STREET
City-St-Zip: MIAMI, FL 33186

Title: MGRM () Delete
Name: ICAN BENEFIT GROUP,, LLC
Address: 6413 CONGRESS AVE. SUITE 230
City-St-Zip: BOCA RATON, FL 33487

ADDITIONS/CHANGES:

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: DIANE SUGIMOTO

MRS

07/14/2008

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