

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000032735

Entity Name: SIMPLE INNOVATION, LLC

FILED
Aug 23, 2008
Secretary of State

Current Principal Place of Business:

10728 SE SEA SPRAY CT.
HOBE SOUND, FL 33455 US

New Principal Place of Business:

Current Mailing Address:

10728 SE SEA SPRAY CT.
HOBE SOUND, FL 33455 US

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) 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:

Name and Address of New Registered Agent:

LABBATE, DOMENICA
10728 SE SEA SPRAY CT.
HOBE SOUND, FL 33455 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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: LABBATE, DOMENICA
Address: 10728 SE SEA SPRAY CT.
City-St-Zip: HOBE SOUND, FL 33455 US

Title: MGRM () Delete
Name: MUSSORFITI, ANTHONY
Address: 66 LOCUST ST.
City-St-Zip: MASSAPEQUA, NY 11758 US

Title: MGRM () Delete
Name: MUSSORFITI, NANCY
Address: 66 LOCUST ST.
City-St-Zip: MASSAPEQUA, NY 11758 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: DOMENICA LABBATE

PRES

08/23/2008

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