

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000070819

**FILED**  
**Jan 09, 2010**  
**Secretary of State**

**Entity Name:** INNOVATIVE CONCEPTS CONSULTING, LLC

**Current Principal Place of Business:**

6249 KINGBIRD MANOR DRIVE  
LITHIA, FL 33547 US

**New Principal Place of Business:**

**Current Mailing Address:**

6249 KINGBIRD MANOR DRIVE  
LITHIA, FL 33547 US

**New Mailing Address:**

**FEI Number:** 26-0606135

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

JOERGER, GLEN  
6249 KINGBIRD MANOR DRIVE  
LITHIA, FL 33547 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:** CEOP  
**Name:** JOERGER, GLEN G  
**Address:** 6249 KINGBIRD MANOR DRIVE  
**City-St-Zip:** LITHIA, FL 33547 US

**Title:** VP  
**Name:** JOERGER, DIANNA T  
**Address:** 6249 KINGBIRD MANOR DRIVE  
**City-St-Zip:** LITHIA, FL 33547 US

I hereby 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:** GLEN G JOERGER

CEOP

01/09/2010

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