

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000079996

**FILED**  
**Mar 28, 2009**  
**Secretary of State**

**Entity Name:** INNOVATION SOUND SYSTEMS, LLC

**Current Principal Place of Business:**

9329 S.W. 221ST WAY  
CUTLER BAY, FL 33190

**New Principal Place of Business:**

9329 SW 221ST WAY  
CUTLER BAY, FL 33190

**Current Mailing Address:**

9329 S.W. 221ST WAY  
CUTLER BAY, FL 33190

**New Mailing Address:**

9329 SW 221ST WAY  
CUTLER BAY, FL 33190

**FEI Number:** 26-0671734

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ELO ENTERPRISES, INC.  
301 CRAWFORD BLVD.  
201-A  
BOCA RATON, FL 33432 US

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

TAX HOUSE CORPORATION  
1100 S FEDERAL HWY  
SECOND FLOOR  
DEERFIELD BEACH, FL 33441 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:** BRENO R GOMES - PRESIDENT

03/28/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM ( ) Delete  
**Name:** SILVA, ALESSANDRO  
**Address:** 9329 S.W. 221ST WAY  
**City-St-Zip:** CUTLER BAY, FL 33190

**ADDITIONS/CHANGES:**

**Title:** MGRM (X) Change ( ) Addition  
**Name:** SILVA, ALESSANDRO  
**Address:** 9329 SW 221ST WAY  
**City-St-Zip:** CUTLER BAY, FL 33190

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:** ALESSANDRO SILVA

MGRM

03/28/2009

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