

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000086957

FILED  
Aug 07, 2008  
Secretary of State

**Entity Name:** INNOVATIVE DESIGN & TEXTURE, LLC

**Current Principal Place of Business:**

13057 SW 35TH CIRCLE  
OCALA, FL 34473 US

**New Principal Place of Business:**

**Current Mailing Address:**

13057 SW 35TH CIRCLE  
OCALA, FL 34473 US

**New Mailing Address:**

FEI Number: 26-0784569      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:**

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

STEPHENS, CHRISTOPHER G  
4646 SW 115TH STREET  
OCALA, FL 34476 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: STEPHENS, CHRISTOPHER G  
Address: 4646 SW 115TH STREET  
City-St-Zip: OCALA, FL 34476 US

Title: MGRM ( ) Delete  
Name: VINYARD, WILLIAM D  
Address: 13057 SW 35TH CIRCLE  
City-St-Zip: OCALA, FL 34473 US

**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: DONNIE VINYARD

MGRM

08/07/2008

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