

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000122867

**FILED**  
**Feb 16, 2010**  
**Secretary of State**

**Entity Name:** DEVERSIFIED INNOVATIONS, LLC

**Current Principal Place of Business:**

2023 NORTH ATLANTIC AVE. SUITE 240  
COCOA BEACH, FL 32931

**New Principal Place of Business:**

2023 NORTH ATLANTIC AVE.  
SUITE 240  
COCOA BEACH, FL 32931

**Current Mailing Address:**

2023 NORTH ATLANTIC AVE. SUITE 240  
COCOA BEACH, FL 32931

**New Mailing Address:**

**FEI Number:** 26-1616469      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

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

MORRIS, DENNIS L  
2023 NORTH ATLANTIC AVE. SUITE 240  
COCOA BEACH, FL 32931 US

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

MORRIS, DENNIS L  
2023 NORTH ATLANTIC AVE.  
SUITE 240  
COCOA BEACH, FL 32931 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

02/16/2010

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: MORRIS, DENNIS L  
Address: 2023 NORTH ATLANTIC AVE. SUITE 240  
City-St-Zip: COCOA BEACH, FL 32931

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: DENNIS L MORRIS

MGRM

02/16/2010

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