2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2009
Secretary of State

DOCUMENT# L08000043944

Entity Name: LSC INNOVATIONS, LLC

Current Principal Place of Business:

1780 LAKESHORE CIRCLE
WESTON, FL 33326

New Principal Place of Business:

1458 CORONADO RD
WESTON, FL 33327

Current Mailing Address:

1780 LAKESHORE CIRCLE
WESTON, FL 33326

New Mailing Address:

1458 CORONADO RD
WESTON, FL 33327

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

Name and Address of Current Registered Agent:

SMITH, AUDREY ESQ
6330 W. FALCONS LEA DR.
DAVIE, FL 33331 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: MGRM ( ) Delete
Name: CARLTON, CHARLES V
Address: 1780 LAKESHORE CIRCLE
City-St-Zip: WESTON, FL 33326

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: CARLTON, CHARLES V
Address: 1780 LAKESHORE CIRCLE
City-St-Zip: WESTON, FL 33326 US

Title: MGRM ( ) Change (X) Addition
Name: SMITH, AUDREY L
Address: 6330 W. FALCONS LEA DR
City-St-Zip: DAVIE, FL 33331 US

Title: MGR ( ) Change (X) Addition
Name: COWHEARD, DAVID
Address: 3161 SW 117 AVE
City-St-Zip: DAVIE, FL 33330 US

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: AUDREY SMITH MGRM 04/28/2009

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