

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000043944

Entity Name: LSC INNOVATIONS, LLC

**FILED**  
**Mar 29, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

1458 CORONADO RD  
WESTON, FL 33327

**New Principal Place of Business:**

5067 SW 88 TERRACE  
COOPER CITY, FL 33328

**Current Mailing Address:**

1458 CORONADO RD  
WESTON, FL 33327

**New Mailing Address:**

5067 SW 88 TERRACE  
COOPER CITY, FL 33328

FEI Number: 26-3756640

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**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  
Name: CARLTON, CHARLES V  
Address: 5067 SW 88 TERRACE  
City-St-Zip: COOPER CITY, FL 33328 US

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

Title: MGR  
Name: COWHEARD, DAVID  
Address: 3161 SW 117 AVE  
City-St-Zip: DAVIE, FL 33330 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: AUDREY SMITH

VP

03/29/2010

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