

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000056338

FILED
Apr 27, 2009
Secretary of State

Entity Name: INNOVATING FINANCIAL LLC

Current Principal Place of Business:

1515 MICHIGAN AVE
STE 15
KISSIMMEE, FL 34744

New Principal Place of Business:

1637 E. VINE ST
SUITE# 136
KISSIMMEE, FL 34744

Current Mailing Address:

1637 E VINE STREET SUITE 136
KISSIMMEE, FL 34744

New Mailing Address:

1637 E VINE STREET SUITE
SUITE #136
KISSIMMEE, FL 34744

FEI Number: 35-2338351

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VALENTIN, NAIDA I
1515 MICHIGAN AVE
STE 15
KISSIMMEE, FL 34744 US

Name and Address of New Registered Agent:

VALENTIN, NAIDA I
1637 E. VINE ST
SUITE #136
KISSIMMEE, FL 34744 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: NAIDA I VALENTIN

04/27/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: VALENTIN, NAIDA I
Address: 1515 MICHIGAN AVE - # 15
City-St-Zip: KISSIMMEE, FL 34744

Title: MGRM () Delete
Name: NIEVES, JULIO A
Address: 1515 MICHIGAN AVE
City-St-Zip: KISSIMMEE, FL 34744

Title: MGRM () Delete
Name: FLORES, IVETTE
Address: 9731 FOUNTAIN BLEU BLVD 307
City-St-Zip: MIAMI, FL 33172

Title: MGRM () Delete
Name: RODRIGUEZ, PERPETUO
Address: PO BOX 897
City-St-Zip: CAMUY, PR 00627

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: VALENTIN, NAIDA I
Address: 1637 E. VINE ST SUITE #136
City-St-Zip: KISSIMMEE, FL 34744

Title: MGRM (X) Change () Addition
Name: NIEVES, JULIO A
Address: 1637 E. VINE ST SUITE #136
City-St-Zip: KISSIMMEE, FL 34744

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: NAIDA I. VALENTIN

MGR

04/27/2009

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