

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000081022

FILED  
Jan 15, 2009  
Secretary of State

Entity Name: INNOVATIVE RESOURCES GROUP, LLC

## Current Principal Place of Business:

2202 N WEST SHORE BLVD., STE 200  
TAMPA, FL 33607

## New Principal Place of Business:

2202 N WEST SHORE BLVD.  
SUITE 200  
TAMPA, FL 33607

## Current Mailing Address:

2202 N WEST SHORE BLVD., STE 200  
TAMPA, FL 33607

## New Mailing Address:

2202 N WEST SHORE BLVD.  
SUITE 200  
TAMPA, FL 33607

FEI Number: 26-3237515

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

GRAHAM, ROBERT F JR  
4004 SADDLE RIDGE STREET  
VALRICO, FL 33596 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: GRAHAM, ROBERT F JR.  
Address: 4004 SADDLE RIDGE STREET  
City-St-Zip: VALRICO, FL 33596

Title: MGRM (X) Delete  
Name: LLEWELLYN, MICHAEL W  
Address: 3818 WEST SANTIAGO STREET  
City-St-Zip: TAMPA, FL 33629

## 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: ROBERT F. GRAHAM JR.

MGRM

01/15/2009

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