

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000095635

Entity Name: INFOVATIVE SOLUTIONS LLC

FILED
Jan 05, 2011
Secretary of State

Current Principal Place of Business:

129 SW WIND CIR
PORT ST LUCIE, FL 34953

New Principal Place of Business:

Current Mailing Address:

129 SW WIND CIR
PORT ST LUCIE, FL 34953

New Mailing Address:

FEI Number: 27-1047920

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MASONER, WILLIAM T
129 SW WIND CIR
PORT ST LUCIE, FL 34953 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: PRES
Name: MASONER, WILLIAM T
Address: 129 SW WIND CIR
City-St-Zip: PORT ST LUCIE, FL 34953

Title: VP
Name: LAURA, MASONER M
Address: 129 SW WIND CIR
City-St-Zip: PORT ST LUCIE, FL 34953

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: LAURA M MASONER

VP

01/05/2011

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