

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000045569

**FILED**  
**Apr 22, 2011**  
**Secretary of State**

**Entity Name:** INNOVATIVE PRODUCT DEVELOPMENT, LLC

**Current Principal Place of Business:**

4446 HENDRICKS AVE  
SUITE 382  
JACKSONVILLE, FL 32207 US

**New Principal Place of Business:**

**Current Mailing Address:**

4446 HENDRICKS AVE  
SUITE 382  
JACKSONVILLE, FL 32207 US

**New Mailing Address:**

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

**Name and Address of Current Registered Agent:**

BEARD, GUY  
4446 HENDRICKS AVE  
SUITE 382  
JACKSONVILLE, FL 32207 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: MGR  
Name: BEARD, GUY  
Address: 4446 HENDRICKS AVE, STE 382  
City-St-Zip: JACKSONVILLE, FL 32207 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: GUY BEARD

MGR

04/22/2011

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