

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000104000

**Entity Name:** ILLUMINED INNOVATIONS, LLC

**FILED**  
**Apr 29, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

739 SW SAINT CROIX COVE  
PORT SAINT LUCIE, FL 34986

**New Principal Place of Business:**

**Current Mailing Address:**

739 SW SAINT CROIX COVE  
PORT SAINT LUCIE, FL 34986

**New Mailing Address:**

**FEI Number:** 45-3564572

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

CHAMBERS, STARR  
739 SW SAINT CROIX COVE  
PORT SAINT LUCIE, FL 34986 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:** STARR, CHAMBERS  
**Address:** 739 SW ST CROIX COVE  
**City-St-Zip:** PORT ST LUCIE, FL 34986

**Title:** MGR  
**Name:** STORMI, CHAMBERS  
**Address:** 739 SW ST CROIX COVE  
**City-St-Zip:** PORT ST. LUCIE, FL 34986

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:** STARR CHAMBERS

M.M.

04/29/2012

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