

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000140941

**FILED**  
**Jul 01, 2012**  
**Secretary of State**

**Entity Name:** FORCE INNOVATIONS, LLC

**Current Principal Place of Business:**

8539 GATE PARKWAY WEST  
#634  
JACKSONVILLE, FL 32216

**New Principal Place of Business:**

2054 RIVERSIDE AVE  
STE 2106  
JACKSONVILLE, FL 32204

**Current Mailing Address:**

8539 GATE PARKWAY WEST  
#634  
JACKSONVILLE, FL 32216

**New Mailing Address:**

2054 RIVERSIDE AVE  
STE 2106  
JACKSONVILLE, FL 32204

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

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

DAVIS, ANTHONY M  
2054 RIVERSIDE AVE STE. 2106  
JACKSONVILLE, FL 32204    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  
Name: DAVIS, ANTHONY M  
Address: 2054 RIVERSIDE AVE STE 2106  
City-St-Zip: JACKSONVILLE, FL 32204

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: ANTHONY M. DAVIS

MR.

07/01/2012

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