

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # M03000003459

1. Entity Name
INNOVATIVE CONSTRUCTION MATERIALS, LLC



Principal Place of Business
951 COMMERCE BLVD. NORTH
SARASOTA, FL 34243

Mailing Address
951 COMMERCE BLVD. NORTH
SARASOTA, FL 34243



04122004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
16-1685907

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SRIVASTAVA, ASHVIN
951 COMMERCE BLVD. NORTH
SARASOTA, FL 34243

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Ashvin Srivastava (ASHVIN SRIVASTAVA)
Signature, typed or printed name of registered agent and file if applicable

April 26 '04
DATE

(NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
Due by May 1, 2004**

U000000146241
05/03/04-80058-002 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR SRIVASTAVA, ASHVIN 951 COMMERCE BLVD. NORTH SARASOTA, FL 34243
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR SRIVASTAVA, PRAMILA 951 COMMERCE BLVD. NORTH SARASOTA, FL 34243
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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: Ashvin Srivastava (ASHVIN SRIVASTAVA) April 26 '04 (941) 360-1380
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #