

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000001371

FILED  
Jul 15, 2008  
Secretary of State

Entity Name: INDUSTRIAL INTELLIGENCE, LLC

**Current Principal Place of Business:**

544 WILMINGTON CIRCLE  
OVIEDO, FL 32765

**New Principal Place of Business:**

**Current Mailing Address:**

544 WILMINGTON CIRCLE  
OVIEDO, FL 32765

**New Mailing Address:**

FEI Number: 20-0762679      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

BANKS, SAMUEL R JR  
544 WILMINGTON CIRCLE  
OVIEDO, FL 32765      US

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      ( ) Delete  
Name: BANKS, SAMUEL R JR  
Address: 544 WILMINGTON CIRCLE  
City-St-Zip: OVIEDO, FL 32765

Title: MGR      ( ) Delete  
Name: BANKS, LILLIAN C  
Address: 544 WILMINGTON CIRCLE  
City-St-Zip: OVIEDO, FL 32765

**ADDITIONS/CHANGES:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: SAMUEL R BANKS JR

MR

07/15/2008

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