

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
Jul 14, 2008 8:00 am
Secretary of State

05-08-2008 90105 022 ***138.75

DOCUMENT # M06000005338	
1. Entity Name INNOVATIVE DEFENSE TECHNOLOGIES, LLC	

Principal Place of Business 2100 N. OCEAN BLVD. PENTHOUSE 26D FORT LAUDERDALE, FL 33305	Mailing Address 2100 N. OCEAN BLVD. PENTHOUSE 26D FORT LAUDERDALE, FL 33305
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30010347



03212008 No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-3575585	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

**CARROLL, RICHARD W
2100 N. OCEAN BLVD.
PENTHOUSE 26D
FORT LAUDERDALE, FL 33305**

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 _____ DATE _____
Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reappointing)

FILE NOW!!! SEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CARROLL, RICHARD W 2100 N. OCEAN BLVD., PENTHOUSE 26D FORT LAUDERDALE, FL 33305
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary - Managing Member Carroll, Suzanne 3150 South St., NW, PH2A Washington, DC
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager Gaut, Bernard 2542 Babcock Road Vienna, VA 22181
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager Peter Sirh 6505 Ursuline Court McLean, VA 22101
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Managing Member Edmund Giambastiani, Jr. 3883 Connecticut Ave, NW, Apt 808 Washington DC 20008
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: S. McLean 4/17/08 202-812-7465
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone