

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 21, 2008 08:00 AM
Secretary of State

DOCUMENT # M07000003456

1. Entity Name
INNOVATIVE MARKETING SOLUTIONS II, LLC



Principal Place of Business
**6653 BLACKHAWK CIRCLE
WESTERVILLE, OH 43082**

Mailing Address
**6653 BLACKHAWK CIRCLE
WESTERVILLE, OH 43082**



03272008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
26-0256626

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

**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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

U000000913006

05/07/08-80402-018 138.75

**FILE (NOW!!!) FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
HILLEARY, JOHN R
6653 BLACKHAWK CIRCLE
WESTERVILLE, OH 43082**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
CARRILLO, LEOPOLDO JR
2533 PONTIAC DRIVE
WEST HARRISON, IN 47040**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
JIMENEZ, STEVEN
609 SOUTH HIGH STREET
RISING SUN, IN 47040**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/14/08

Date

513-403-4436

Daytime Phone #