

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M07000003456

FILED
Mar 28, 2009
Secretary of State

Entity Name: INNOVATIVE MARKETING SOLUTIONS II, LLC

Current Principal Place of Business:

6653 BLACKHAWK CIRCLE
WESTERVILLE, OH 43082

New Principal Place of Business:

Current Mailing Address:

6653 BLACKHAWK CIRCLE
WESTERVILLE, OH 43082

New Mailing Address:

FEI Number: 26-0256626

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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 () Delete
Name: HILLEARY, JOHN R
Address: 6653 BLACKHAWK CIRCLE
City-St-Zip: WESTERVILLE, OH 43082

Title: MGRM () Delete
Name: CARRILLO, LEOPOLDO JR
Address: 2533 PONTIAC DRIVE
City-St-Zip: WEST HARRISON, IN 47040

Title: MGRM () Delete
Name: JIMENEZ, STEVEN
Address: 609 SOUTH HIGH STREET
City-St-Zip: RISING SUN, IN 47040

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change () Addition
Name: CARRILLO, LEOPOLDO JR
Address: 397 W TANCEY CROSSING
City-St-Zip: WESTFIELD, IN 46074

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: STEVEN JIMENEZ

MGRM

03/28/2009

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