

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M09000000531

FILED  
Apr 25, 2011  
Secretary of State

**Entity Name:** INNOVATIVE CONSTRUCTION AND PROCESS DESIGN, LLC

**Current Principal Place of Business:**

86 EAST SIXTH STREET  
HOLLAND, MI 49423

**New Principal Place of Business:**

**Current Mailing Address:**

86 EAST SIXTH STREET  
HOLLAND, MI 49423

**New Mailing Address:**

FEI Number: 26-2573712

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: PRES  
Name: KING, MICHAEL J  
Address: 86 EAST SIXTH STREET  
City-St-Zip: HOLLAND, MI 49423

Title: MGR  
Name: NOVAKOSKI, MICHAEL D  
Address: 86 EAST SIXTH STREET  
City-St-Zip: HOLLAND, MI 49423

Title: MGR  
Name: DYK, GLENN  
Address: 1811 4 MILE ROAD NE  
City-St-Zip: GRAND RAPIDS, MI 49525

Title: MGR  
Name: SIMMONS, JAMES  
Address: 86 EAST SIXTH STREET  
City-St-Zip: HOLLAND, MI 49423

Title: MGR  
Name: THOMAS, BRADLEY  
Address: 1811 4 MILE ROAD NE  
City-St-Zip: GRAND RAPIDS, MI 49525

Title: MGR  
Name: FIX, RAYMOND  
Address: 1811 4 MILE ROAD NE  
City-St-Zip: GRAND RAPIDS, MI 49525

I hereby 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: MICHAEL J. KING

PRES

04/25/2011

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