

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M11000004512

Entity Name: INNOVADEX LLC

**FILED**  
**Jul 16, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

4 CLEARVIEW DRIVE  
SAFETY HARBOR, FL 34695

**New Principal Place of Business:**

**Current Mailing Address:**

4 CLEARVIEW DRIVE  
SAFETY HARBOR, FL 34695

**New Mailing Address:**

FEI Number: 25-1907272

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: MGR  
Name: LANNI, BRUCE  
Address: 7930 SANTA FE DRIVE, UNIT 301  
City-St-Zip: OVERLAND PARK, KS 66204

Title: MGR  
Name: DODD, JAMES E  
Address: 7930 SANTA FE DRIVE, UNIT 301  
City-St-Zip: OVERLAND PARK, KS 66204

Title: MGR  
Name: LELON, CHARLES T  
Address: 7930 SANTA FE DRIVE, UNIT 301  
City-St-Zip: OVERLAND PARK, KS 66204

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: JAMES DODD

MGR

07/16/2012

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