

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000385710

**Entity Name:** INOVATION MULTISERVICES LLC

**Current Principal Place of Business:**

5431 BLUEBERRIE DR  
ORLANDO, FL 32811

**Current Mailing Address:**

5431 BLUEBERRIE DR  
ORLANDO, FL 32811

**FEI Number:** 92-0382829

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

FAIL SAFE ACCOUNTING LLC  
20 S ROSE AVE  
SUITE #4  
KISSIMMEE, FL 34741 US

*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

**Authorized Person(s) Detail :**

Title MGRM  
Name RIVERA RODRIGUEZ, JAIME  
Address 5431 BLUEBERRIE DR  
City-State-Zip: ORLANDO FL 32811

Title AMBR  
Name ORTIZ RAMOS, VERONICA  
Address 5431 BLUEBERRIE DR  
City-State-Zip: ORLANDO FL 32811

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** JAIME RIVERA RODRIGUEZ

**MGRM**

**09/15/2023**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date