

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000002421

**FILED**  
**Feb 25, 2014**  
**Secretary of State**  
**CC0522640172**

**Entity Name:** ILLUMINATION LOGISTIC SERVICES LLC

**Current Principal Place of Business:**

8112 NORTH NINTH STREET  
TAMPA, FL 33604

**Current Mailing Address:**

P.O. BOX 7  
LAND O LAKES, FL 34639

**FEI Number: 01-0881462**

**Certificate of Status Desired: Yes**

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

WILLIAMS, KRISTIE A  
4207 VERNE COURT  
LAND O LAKES, FL 34639 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 WILLIAMS, KRISTIE A  
Address 8112 NORTH NINTH STREET  
City-State-Zip: TAMPA FL 33604

Title GMM  
Name HINST, DONALD R  
Address 8112 NORTH NINTH STREET  
City-State-Zip: TAMPA FL 33604

Title CFO  
Name SANFORD, CHARLES R  
Address 8112 NORTH NINTH STREET  
City-State-Zip: TAMPA FL 33604

*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: KRISTIE A WILLIAMS**

**CSM**

**02/25/2014**

Electronic Signature of Signing Authorized Person(s) Detail

Date