

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000032588

**FILED**  
**Apr 25, 2014**  
**Secretary of State**  
**CC2300162343**

**Entity Name:** CREATIVE RECYCLING SERVICES, LLC

**Current Principal Place of Business:**

3110 CHERRY PALM DRIVE, SUITE 330  
TAMPA, FL 33619

**Current Mailing Address:**

3110 CHERRY PALM DRIVE, SUITE 330  
TAMPA, FL 33619

**FEI Number:** 45-4729295

**Certificate of Status Desired:** No

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

NRAI SERVICES, INC.  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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            PRESIDENT  
Name            COCHRANE, RICHARD  
Address        3110 CHERRY PALM DRIVE, SUITE  
                  330  
City-State-Zip: TAMPA FL 33619

Title            S  
Name            ALVARE, MANUEL  
Address        3110 CHERRY PALM DRIVE, SUITE  
                  330  
City-State-Zip: TAMPA FL 33619

Title            VP  
Name            DIESSELHORST, BRIAN  
Address        3110 CHERRY PALM DRIVE, SUITE  
                  330  
City-State-Zip: TAMPA FL 33619

*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:** MANUEL ALVARE, III

**SECRETARY**

**04/25/2014**

Electronic Signature of Signing Authorized Person(s) Detail

Date