

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000158598

**Entity Name:** GLOBAL CONSUMER INNOVATIONS, LLC

**Current Principal Place of Business:**

415 E ALFRED ST  
B  
TAVARES, FL 32778

**Current Mailing Address:**

415 E ALFRED ST  
B  
TAVARES, FL 32778 US

**FEI Number:** 46-1729959

**Certificate of Status Desired:** No

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

KELLIE, JESSICA  
415 E ALFRED ST  
B  
TAVARES, FL 32778 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           MANAGING MEMBER  
Name           HOLDER, JUSTIN M  
Address        7780 EARLWOOD AVE  
City-State-Zip: MOUNT DORA FL 32757

Title           MANAGING MEMBER  
Name           HOLDER, CASEY  
Address        3120 E CR 44  
City-State-Zip: EUSTIS FL 32776

Title           MANAGING MEMBER  
Name           BILLY, CHILDERS  
Address        1620 PLATTE ST  
                  B209  
City-State-Zip: DENVER CO 80202

Title           MANAGING MEMBER  
Name           GREGG, CHARLES  
Address        950 MARKHAM WODS RD  
City-State-Zip: LONGWOOD FL 32779

*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:** JUSTIN HOLDER

M

01/29/2015

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

\_\_\_\_\_  
Date