

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000014401

FILED  
Mar 26, 2012  
Secretary of State

**Entity Name:** CREATIVE INDUSTRIAL SOLUTIONS, LLC

**Current Principal Place of Business:**

1969 SOUTH ALAFAYA TRAIL  
SUITE 180  
ORLANDO, FL 32828 US

**New Principal Place of Business:**

5004 EAST FOWLER AVENUE  
SUITE C-252  
TAMPA, FL 33617 US

**Current Mailing Address:**

5004 EAST FOWLER AVE  
C-252  
TAMPA, FL 33617

**New Mailing Address:**

1969 SOUTH ALAFAYA TRAIL  
SUITE 180  
ORLANDO, FL 32828

**FEI Number:** 20-8479779

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

JEFFRIES,, DAVID  
1227 N. FRANKLIN STREET  
TAMPA, FL 33602 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: CEO  
Name: HOLMES, KEVIN OWNER  
Address: 1969 SOUTH ALAFAYA TRAIL, STE 180  
City-St-Zip: ORLANDO, FL 32828 US

Title: OOM  
Name: PRUETT, CHRISTINA OOM  
Address: 5004 EAST FOWLER AVE SUITE C-252  
City-St-Zip: TAMPA, FL 33617 US

Title: COO  
Name: HINSON, PRINCE COO  
Address: 6743 NW 34TH TERRACE  
City-St-Zip: GAINESVILLE, FL 32653 US

Title: COM  
Name: ESTEVEZ, EDWIN F COM  
Address: 5004 EAST FOWLER AVE SUITE C-252  
City-St-Zip: TAMPA, FL 33617 US

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: CHRISTINA PRUETT

OOM

03/26/2012

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