

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000006757

**FILED**  
**May 01, 2012**  
**Secretary of State**

**Entity Name:** CORRECTIONAL MANAGEMENT & COMMUNICATIONS GROUP, LLC

**Current Principal Place of Business:**

614 E HWY 50  
#255  
CLERMONT, FL 34711

**New Principal Place of Business:**

**Current Mailing Address:**

614 E HWY 50  
#255  
CLERMONT, FL 34711

**New Mailing Address:**

**FEI Number:** 26-2625941

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HOLDER, CARLYLE  
614 E HWY 50  
#255  
CLERMONT, FL 34711 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:** MGRM  
**Name:** HOLDER, CARLYLE  
**Address:** 614 E HWY 50 STE #255  
**City-St-Zip:** CLERMONT, FL 34711

**Title:** MGRM  
**Name:** PEARSON, BRUCE  
**Address:** 614 E. HIGHWAY 50, SUITE 255  
**City-St-Zip:** CLERMONT, FL 34711

**Title:** MGRM  
**Name:** RISON, JUSTIN  
**Address:** 614 E HWY 50 STE #255  
**City-St-Zip:** CLERMONT, FL 34711

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:** CARLYLE HOLDER

CEO

05/01/2012

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