

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000018727

FILED  
Apr 09, 2012  
Secretary of State

Entity Name: COLOR INNOVATIONS, LLC

**Current Principal Place of Business:**

8460 CHARLESGATE CIRCLE E  
JACKSONVILLE, FL 32244

**New Principal Place of Business:**

**Current Mailing Address:**

8460 CHARLESGATE CIRCLE E  
JACKSONVILLE, FL 32244

**New Mailing Address:**

FEI Number: 26-4328685

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SPAID, TIMOTHY M  
8460 CHARLESGATE CIRCLE E  
JACKSONVILLE, FL 32244 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: MGR  
Name: SPAID, TIMOTHY M  
Address: 8460 CHARLESGATE CIRCLE E  
City-St-Zip: JACKSONVILLE, FL 32244

Title: MGRM  
Name: COVERDALE, JAY  
Address: 10550 LAKESPRING COURT  
City-St-Zip: JACKSONVILLE, FL 32221

Title: MGRM  
Name: MARTIN, CATHERINE  
Address: 10550 LAKESPRING COURT  
City-St-Zip: JACKSONVILLE, FL 32221

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: TIMOTHY M. SPAID

MGR

04/09/2012

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