

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000001786

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

**Entity Name:** CIH CORRECTIONAL CONSULTANTS LLC

**Current Principal Place of Business:**

604 N HWY. 27  
SUITE 1  
MINNEOLA, FL 34715 US

**New Principal Place of Business:**

**Current Mailing Address:**

604 N HWY. 27  
SUITE 1  
MINNEOLA, FL 34715 US

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**

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

UNITED STATES CORPORATION AGENTS, INC.  
13302 WINDING OAKS BLVD.  
SUITE A  
TAMPA, FL 33612 US

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

HOLDER, CARLYLE  
604 N HIGHWAY 27  
SUITE 1  
MINNEOLA, FL 34715 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: CARLYLE HOLDER

05/01/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: HOLDER, CARLYLE I  
Address: 604 N HWY. 27, SUITE 1  
City-St-Zip: MINNEOLA, FL 34715 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: CARLYLE HOLDER

CEO

05/01/2012

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