

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000109505

**Entity Name:** INNOVATIVE DETENTION SYSTEMS LLC

**Current Principal Place of Business:**

575 WEST HIGHWAY 40  
INGLIS, FL 34449

**Current Mailing Address:**

P.O. BOX 124  
INGLIS, FL 34449

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

KIRKLAND, GREGORY  
575 WEST HIGHWAY 40  
INGLIS, FL 34449 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 MGRM  
Name KIRKLAND, GREGORY  
Address 50 N HAWTHORNE DR  
City-State-Zip: INGLIS FL 34449

Title MGRM  
Name COOSE, RONALD  
Address 1115 RIDGE DRIVE  
City-State-Zip: SHOREWOOD IL 60404

*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:** GREGORY KIRKLAND

**MEMBER**

**02/13/2015**

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

\_\_\_\_\_  
Date