

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000032472

**Entity Name:** CREATIVE RECYCLING SYSTEMS OF GEORGIA, LLC

**Current Principal Place of Business:**

3110 CHERRY PALM DR  
STE 330  
TAMPA, FL 33619

**FILED**  
**Apr 25, 2014**  
**Secretary of State**  
**CC1716902838**

**Current Mailing Address:**

3110 CHERRY PALM DR  
STE 330  
TAMPA, FL 33619 US

**FEI Number: 58-2550505**

**Certificate of Status Desired: No**

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

NRAI SERVICES, INC.  
1200 SOUTH PINE ISLAND RD  
PLANTATION, FL 33324 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 P  
Name COCHRANE, RICHARD  
Address 3110 CHERRY PALM DR  
STE 330  
City-State-Zip: TAMPA FL 33619

Title S  
Name ALVARE, MANUEL  
Address 3110 CHERRY PALM DR  
City-State-Zip: TAMPA FL 33619

Title VP  
Name DIESELHORST, BRIAN  
Address 3110 CHERRY PALM DR  
STE 330  
City-State-Zip: TAMPA FL 33619

*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: MANUEL ALVARE, III**

**SECRETARY**

**04/25/2014**

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

\_\_\_\_\_  
Date