No. **W 79861**	**Due no later than Dec 31, 2014** **Annual Report Form**	2. Registered Agent and Address **(NO PO BOX)**
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 **NO FILING FEE IF RECEIVED BY DUE DATE**	**1. Mailing Address: Correct in this box if needed.** HIMAGINE SOLUTIONS FLEX, LLC 1001 E. PALM AVE. TAMPA FL 33605 USA	C T CORPORATION SYSTEM 921 S ORCHARD ST STE G BOISE 83705 3. New Registered Agent Signature:*

4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.

Office Held	Name	Street or PO Address	City	State	Country	Postal Code
MEMBER	HIMAGINE SOLUTIONS INC.	1001 E. PALM AVE.	TAMPA	FL	USA	33605

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
FL **W 79861**	Signature: Michelle Donato	Date: 12/08/2014
	Name (type or print): Michelle Donato	Title: POA

Processed 12/08/2014

* Electronically provided signatures are accepted as original signatures.