

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 12, 2002 8:00 am
Secretary of State

05-12-2002 90609 049 ****50.00

DOCUMENT # L01000021467

1. Entity Name

Cassidy Creative Concepts, LLC

DO NOT WRITE IN THIS SPACE

958302

2. Principal Place of Business

644 Eastwind Drive

Suite, Apt. #, etc.

North Palm Beach, FL

3. Mailing Address

same

Suite, Apt. #, etc.

City & State

4. FEI Number

010569189

Applied For

Not Applicable

DO NOT WRITE IN THIS SPACE

City & State

33408

Zip

Country

USA

Zip

Country

5. Certificate of Status Desired

\$5.00 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Maria M. Cassidy

Street Address (P.O. Box Number is Not Acceptable)

644 Eastwind Drive

City North Palm Beach **FL** Zip Code 33408

8. 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

Maria M. Cassidy

Signature, typed or printed name of registered agent and title if applicable

5-1-02

DATE

FEE IS \$50.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

MGRM
Maria M. Cassidy
644 Eastwind Dr.
N. P. B. FL 33408

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

MGRM
Elsa M. Runk
213 Blossom Lane
Palm Beach Shores, FL 33404

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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

Maria M. Cassidy

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

5-1-02

DATE

561-845-8037

DAYTIME PHONE #

CR2E083B (12/01)