


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 02, 2005 08:00 AM
Secretary of State

DOCUMENT # L02000008390 1. Entity Name 123 CREATION STATION, LLC	
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Principal Place of Business 1165 E PLANT ST STE 9 WINTER GARDEN, FL 34787	Mailing Address 1165 E PLANT ST STE 9 WINTER GARDEN, FL 34787
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01142005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 01-0642100	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent ERIC S. MASHBURN, ESQ 105 E MAPLE ST. WINTER GARDEN, FL 34787
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**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SHERRON, KAREN L 617 GLENVIEW DR WINTER GARDEN, FL 34787
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SHERRON, JEFFREY L 617 GLENVIEW DR WINTER GARDEN, FL 34787
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SHERRON, GABRIELLE L 617 GLENVIEW DR WINTER GARDEN, FL 34787
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02/02/05-80091-001 50.00

**DO NOT WRITE
IN THIS SPACE**

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

1-29-05 407-877-1108
Date Daytime Phone #