

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90584 025 ****50.00

DOCUMENT # L02000029366

1. Entity Name

CREATIVE CONSTRUCTION SERVICES, LLC



Principal Place of Business

**3700 RED MAPLE CIR.
DELRAY BEACH FL 33445**

Mailing Address

**3700 RED MAPLE CIR.
DELRAY BEACH FL 33445**

2. Principal Place of Business

P.O. Box 6576

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 6576

Suite, Apt. #, etc.

City & State

DeIRAY BEACH FL

Zip

33482

Country

USA

City & State

DeIRAY BEACH FL

Zip

33482

Country

USA

4. FEI Number

141-854 047

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐

**\$5.00 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

KAYE, STUART

**3700 RED MAPLE CIR.
DELRAY BEACH FL 33445**

7. Name and Address of New Registered Agent

Name

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

3300 NE 192ND ST.

Suite PA12

**City
Aventura**

FL

**Zip Code
33180**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/20/03

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS / MANAGERS

TITLE **MGRM** ☐ Delete
NAME **KAYE, STUART**
STREET ADDRESS **3700 RED MAPLE CIR.**
CITY-ST-ZIP **DELRAY BEACH FL 33445**

TITLE **MGRM** ☐ Delete
NAME **GARZON, IVAN**
STREET ADDRESS **1860 NE 142 STREET #7**
CITY-ST-ZIP **NORTH MIAMI FL 33181**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS / CHANGES

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **P.O. Box 6576**
CITY-ST-ZIP **DeIRAY BEACH FL 33482**

TITLE ☐ Change ☐ Addition
NAME **same**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/20/03 (86) 586 3053

CR2E083 (10/02)