

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000126737

**Entity Name:** CREATIVE PARTNER NETWORK, LLC

**Current Principal Place of Business:**

2220 COUNTY ROAD 210 WEST  
SUITE 108-334  
SAINT JOHNS, FL 32259

**Current Mailing Address:**

2220 COUNTY ROAD 210 WEST  
SUITE 108-334  
SAINT JOHNS, FL 32259 US

**FEI Number:** 46-3611718

**Certificate of Status Desired:** No

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

AMERICAN SAFETY COUNCIL, INC.  
5125 ADANSON ST.  
SUITE 500  
ORLANDO, FL 32804 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 MGRM  
Name LARKIN, AMY  
Address 2220 COUNTY ROAD 210 WEST SUITE 108  
City-State-Zip: SAINT JOHNS FL 32259

Title MGRM  
Name LARKIN, CONNOR  
Address 2220 COUNTY ROAD 210 WEST SUITE 108-334  
City-State-Zip: SAINT JOHNS FL 32259

Title MGRM  
Name LARKIN, ROBERT  
Address 2220 COUNTY ROAD 210 WEST SUITE 108-334  
City-State-Zip: SAINT JOHNS FL 32259

*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:** ROBERT J. LARKIN

**MGRM**

**04/14/2014**

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

\_\_\_\_\_  
Date