402338

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Cassial Instrumentary As Efficiency
Special Instructions to Filing Officer:
•

Office Use Only



300330244533

08/14/19--01808--012 **35.00

2019 JUN 14 PH 3: 47

T GLASS JUL 0 2 2019



FLORIDA DEPARTMENT OF STATE Division of Corporations

May 13, 2019

CREATIVE DEVELOPERS, LTD. 2450 PARK ROAD PEMBROKE PARK, FL 33009

SUBJECT: CREATIVE DEVELOPERS, LTD.

Ref. Number: A02338

SUBJECT: CREATIVE DEVELOPERS, LTD.

Document #: A02338

Our records indicate the registered agent for the above named limited partnership resigned on March 18, 2019 and that this limited partnership does not have a registered agent designated.

Chapter 620, Florida Statutes, requires this office to give 60 days notice of our intent to revoke the authority of a limited partnership for failure to appoint and maintain a registered agent.

This letter is our notice of intent to revoke the authority of the above limited partnership 60 days from the date of this letter if a registered agent is not properly designated.

Please designate a new registered agent by doing one of the following: 1) complete the enclosed registered agent designation form, 2) file the current year annual report (if applicable) or 3) file an amended annual report (again, if applicable). Each one of these filings must be submitted with the appropriate filing fee.

If you should need any further information, please contact our office (850) 245-6051.

Gary Blankenbaker Document Specialist Division of Corporations 2019 JUN 14 PM 3: 47

ANO FILED

Letter number: 619A00009612

LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

	ective Druelopers LTD
Na	me of Limited Partnership or Limited Liability Limited Partnership
2. 5/2	2119 3. A 0 2 3 3 8 \(\sqrt{eregistration in Florida} \) Florida document number
Date of filing	y/registration in Florida Florida document number
4. The name of the re Department of State:	egistered agent and the registered office address as shown on the records of the Florida
	Jennings + Uplany
	Name
	Name 311 SE 134 STRect
	Address
	Address F+ Land F1 32316
	City, State and Zip
S. The name and Flo	City, State and Zip City, State and Zip This is a street address of the new registered agent and/or office: GARY M Singue 3A Name 12 SE 7+1 Street S-1c 880
5. The name and Figu	inda sireet address of the new registered agent animol office.
	GARY M Sinsu 3A
	Name \sim C \sim \sim \sim \sim
	12 SE 7+1 Street 5-1-820 == 5
	Florida street address (F.O. Box flot acceptable)
	City, State and Zip
	City, State and Zip
6 Such change(s) is/	are effective when filed by the Florida Department of State.
(2	
Signature of General	Down and the state of the state
orginature of General	raitici
	opointment as registered agent and agree to act in this capacity. I further agree to
	isions of all statutes relative to the proper and complete performance of my dutics, h an accept the obligations of my position as registered agent.
Carl	ne -
75-1	· · · · · · · · · · · · · · · · · · ·

\$35.00

Filing Fee:

Certified Copy (optional): \$52.50