

# 2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT # L00000011318

1. Entity Name  
CREATIVE INNOVATIONS GROUP LLC



FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

08 JUN 10 AM 10:33

Principal Place of Business  
11 NORTHEAST 15TH AVE.  
POMPANO BEACH, FL 33060

Mailing Address  
11 NORTHEAST 15TH AVE.  
POMPANO BEACH, FL 33060



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

06062008 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number

65-1040730

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HINRICHSEN, UWE  
11 NE 15 AVE  
POMPANO BEACH, FL 33060

Name

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

City

FL

Zip Code

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

Amended AR is \$50.00

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
HINRICHSEN, UWE  
860 SW 18 ST.  
BOCA RATON, FL 33486

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
HINRICHSEN, UWE  
11 NE 15 AVENUE  
POMPANO BEACH, FL 33060

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
SCHUTTEMAYER, MICHAEL H  
7620 NW 6TH AVE.  
BOCA RATON, FL 33487

☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
TURPIN, RANDOLPH A  
7620 NW 6TH AVE.  
BOCA RATON, FL 33487

☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
8001310963  
06/10/08--01004--020 \*\*55.00

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
HINRICHSEN, ULRKE  
11 NE 15 AVENUE  
POMPANO BEACH, FL 33060

☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
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CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Delete

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

6/6/08

Date

954-781-3550

Daytime Phone #