

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 19, 2004 08:00 AM
Secretary of State

DOCUMENT # L01000018518

1. Entity Name
CREATIVE SUPPORT LLC



Principal Place of Business
6674 N.W. 81ST CT.
PARKLAND, FL 33067 US

Mailing Address
6674 N.W. 81ST CT.
PARKLAND, FL 33067 US



01132004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1147010

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

TORRES-SILVA, OSWALDO
6674 N.W. 81ST CT.
PARKLAND, FL 33067

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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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2004**

U000000119365
04/19/04-80098-002 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR TORRES-SILVA, OSWALDO 6674 N.W. 81ST CT. PARKLAND, FL 33067
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR TORRES-SILVA, DOLORES 6674 N.W. 81ST CT. PARKLAND, FL 33067
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**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

04/14/04 (561) 989-1907
Date Days/Phone #