


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 06, 2006 8:00 am
Secretary of State

02-06-2006 90168 040 ****50.00

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
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20005085



2. Principal Place of Business 4803 N. WICKHAM CIR		3. Mailing Address	
Suite, Apt. #, etc. Suite B		Suite, Apt. #, etc.	
City & State Delray Beach FL		City & State	
Zip 33445	Country	Zip	Country

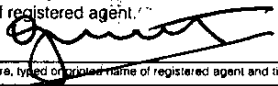
01252006 Chg-LLC CR2E083 (11/05)

4. FEI Number 65-1147010	Applied For Not Applicable
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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		7. Name and Address of New Registered Agent Name Torres-Silva Oswaldo Street Address (P.O. Box Number is Not Acceptable) 4803 N. WICKHAM CIR Suite B City Delray Beach FL Zip Code 33445	
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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  DATE 01/28/06

Filing Fee is \$50.00
Due by May 1, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR TORRES-SILVA, OSWALDO L MGR 6674 N.W. 81ST CT. PARKLAND, FL 33067 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR TORRES-SILVA, DOLORES P MGR 6674 N.W. 81ST CT. PARKLAND, FL 33067 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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

Date

Daytime Phone #

01/28/06 (561) 638-1881