

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 31, 2007 08:00 AM
Secretary of State

DOCUMENT # L03000000521

1. Entity Name
CREATIVE IMPACT LLC



Principal Place of Business
7380 SAND LAKE ROAD
SUITE 135
ORLANDO, FL 32819 US

Mailing Address
7380 SAND LAKE ROAD
SUITE 135
ORLANDO, FL 32819 US



01232007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
74-3076727

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

NUZZO, MARK M JR
4984 KEENELAND CIRCLE
ORLANDO, FL 32819

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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 reappointing)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	NUZZO, MARK M JR
STREET ADDRESS	4984 KEENELAND CIRCLE
CITY-ST-ZIP	ORLANDO, FL 32819
TITLE	MGR
NAME	PETERS, JIMMY E
STREET ADDRESS	2424 BUTLER BAY DRIVE NORTH
CITY-ST-ZIP	WINDERMERE, FL 34786
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/06/07-80012-004 50.00

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IN THIS SPACE**

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: JIMMY E. PETERS MGR. 01-23-07 407-581-6881

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #