2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 08, 2004 8:00 am
Secretary of State

03-29-2004 90555 014 ****55.00

DOCUMENT # L03000009440

1. Entity Name
CREOLE, L.L.C.

Principal Place of Business	Mailing Address
2912 N.W. 108 AVE. MIAMI, FL 33172	2912 N.W. 108 AVE. MIAMI, FL 33172

03252004 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
	4600 N.W. 93 DORAL
Suite, Apt. #, etc.	Suite, Apt. #, etc. CT.
City & State	City & State MIAMI - FLORIDA
Zip / Country	Zip 33178 / Country USA

4. FEI Number 20-0812270 | Applied For | Not Applicable

5. Certificate of Status Desired ☒ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

RUSSO-SARTI, MARIO
2912 N.W. 108 AVE.
MIAMI, FL 33172

7. Name and Address of New Registered Agent

Name RUSSO-SARTI MARIO
Street Address (P.O. Box Number is Not Acceptable) 4600 N.W. 93 DORAL CT.
City MIAMI FL Zip Code 33178

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] 3/25/04
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

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGER MARIO RUSSO-SARTI 4600 N.W. 93 DORAL CT. MIAMI FL. 33178 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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] 03/25/04 786-3447778
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #