

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

9/8/2004-90002-008-\$50.00-\$50.00

DOCUMENT # L03000022380

1. Entity Name  
CLEARCREEK, LLC



FILED

04 OCT -1 PM 3:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



MOORE CR2E083 (4/04)

Principal Place of Business  
2951 BETHANY PLACE  
CLEARWATER FL 33759  
US

Mailing Address  
2951 BETHANY PLACE  
CLEARWATER FL 33759  
US

2. Principal Place of Business  
2951 BETHANY PL.

3. Mailing Address  
SAME

City & State  
CLEARWATER FL  
Zip  
33759  
Country  
U.S.A

City & State  
Zip  
Country

4. FEI Number  
20-0048407

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

SCOFIELD, FRED  
2951 BETHANY PLACE  
CLEARWATER FL 33759

## 7. Name and Address of New Registered Agent

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

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Florida Department of State  
Due By September 8, 2004

## 9. MANAGING MEMBERS/MANAGERS

TITLE MGR  
NAME SCOFIELD, FRED  
STREET ADDRESS 2951 BETHANY PLACE  
CITY-ST-ZIP CLEARWATER FL 33759

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 10. ADDITIONS/CHANGES

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ 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:

*Fred Scofield*

9/31/04

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

Date

Daytime Phone #