

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90348 011 ****50.00

DOCUMENT # L03000022380



1. Entity Name
CLEARCREEK, LLC

Principal Place of Business

**2951 BETHANY PLACE
CLEARWATER, FL 33759 US**

Mailing Address

**2951 BETHANY PLACE
CLEARWATER, FL 33759 US**

60034040

2. Principal Place of Business - No P.O. Box #

**1370 Gulf Blvd.
404**

3. Mailing Address

**1370 Gulf Blvd.
404**

03122007 Chg-LLC CR2E083 (12/06)



City & State

Clearwater, FL

City & State

Clearwater, FL

4. FEI Number
20-0048407

Applied For
☐ Not Applicable

Zip

33767

Country

US

Zip

33767

Country

US

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
Scotfield, Fred

Street Address (P.O. Box Number is Not Acceptable)

1370 Gulf Blvd.

Apt. 404

City
Clearwater

FL

Zip Code
33767

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]

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

(NOTE: Registered Agent signature required when re-registering)

DATE

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

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

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

☐ Delete

10. ADDITIONS/CHANGES

TITLE
MGR
NAME
Scotfield, Fred
STREET ADDRESS
1370 Gulf Blvd. Apt. 404
CITY-ST-ZIP
Clearwater, FL 33767

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
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CITY-ST-ZIP

☐ Change ☐ 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]

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

Date

Daytime Phone #