

FILED
May 07, 2007 8:00 am
Secretary of State

04-20-2007 90033 017 ****55.00

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L03000035449

1. Entity Name
CREATIVE MARKETING CONSULTANTS, LLC



Principal Place of Business
**5133 WEST CYPRESS ST
TAMPA, FL 33607**

Mailing Address
**3418 WEST SEVILLE ST
TAMPA, FL 33629**

30007138



DO NOT WRITE IN THIS SPACE

01092007 No Chg-LLC CR2E083 (11/05)

4. FEI Number
47-0932080

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**JEFFREIS, DAVID M
101 E. KENNEDY BLVD., STE. 3000
TAMPA, FL 33602**

**DO NOT WRITE
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	P
NAME	HOFFMAN, PAUL A
STREET ADDRESS	4009 HENDERSON BLVD.
CITY-ST-ZIP	TAMPA, FL 33629
TITLE	VP
NAME	HOFFMAN, KELLY A
STREET ADDRESS	4009 HENDERSON BLVD.
CITY-ST-ZIP	TAMPA, FL 33629
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
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:

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

Date

Daytime Phone #

Kelly Hoffman President 4-30-07 (813) 286-7712