

# 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # 103000041369

1. Entity Name  
CREATIVE CONCEPTS BY SYLVIA-K LLC



Principal Place of Business  
7481 BOTANICA PARKWAY  
SARASOTA, FL 34238

Mailing Address  
7481 BOTANICA PARKWAY  
SARASOTA, FL 34238

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10132007 REIN-LLC

CR2E101 (1/07)

4. FEI Number  
NOT APPLICABLE

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

KORNELSEN, SYLVIA J  
7481 BOTANICA PARKWAY  
SARASOTA, FL 34238

7. Name and Address of New Registered Agent

Name  
SAME

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

*Sylvia J Kornelsen*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After January 1, 2008, Fee will be \$200.00**

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

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
KORNELSEN, SYLVIA J  
7481 BOTANICA PARKWAY  
SARASOTA, FL 34238 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
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10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition  
500110803185  
10/17/07--01051--015 \*\*150.00

TITLE  
NAME  
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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:

*Sylvia J Kornelsen*

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

10-13-07 941 929-1936

Date

Daytime Phone #

FILED

07 OCT 17 PM 3:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



REINSTATEMENT