

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90035 016 ****50.00

DOCUMENT # L03000050765

1. Entity Name
CREATIVE CERAMICS, LLC



Principal Place of Business
**901 SOUTH THIRD ST
FORT PIERCE, FL 34950**

Mailing Address
**901 SOUTH THIRD ST
FORT PIERCE, FL 34950**



04212005 No Chg-LLC

CR2E083 (10/03)

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4. FEI Number
03-0532346

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**HOCHSTETTER, ANDREW J
72 S. RIVER ROAD
STUART, FL 34996-6428**

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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 reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME HOCHSTETTER, GREGORY
STREET ADDRESS 18988 SE WINDWARD ISLAND LANE
CITY- ST- ZIP JUPITER, FL 33458

TITLE MGRM
NAME HOCHSTETTER, ANDREW
STREET ADDRESS 72 S. RIVER RD.
CITY- ST- ZIP STUART, FL 349966428

TITLE T
NAME KLOPFER, ROBERT V
STREET ADDRESS 2178 JOHNSTOWN RD. NE
CITY- ST- ZIP DOVER, OH 44622

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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IN THIS SPACE**

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

Date

Daytime Phone #