

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 14, 2008 8:00 am
Secretary of State

01-14-2008 90041 026 ***143.75

DOCUMENT # L04000065657

1. Entity Name
CREATURE COMFORTS LLC



Principal Place of Business

**2081 PRINCETON ST.
SARASOTA, FL 34237**

Mailing Address

**2081 PRINCETON ST.
SARASOTA, FL 34237**

60001101



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

1750 N. LIME AVE

3. Mailing Address

1750 N. LIME AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01082008 Chg-LLC CR2E083 (12/06)

City & State

SARASOTA, FLORIDA

City & State

SARASOTA, FLORIDA

4. FEI Number

20-1505089

Applied For

Not Applicable

Zip

34234

Country

SARASOTA

Zip

34234

Country

SARASOTA

5. Certificate of Status Desired

☒

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BOOTH, WILLIAM E
2081 PRINCETON ST.
SARASOTA, FL 34237**

7. Name and Address of New Registered Agent

Name

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

1750 N. LIME AVE

City

SARASOTA

FL

Zip Code

34234

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 \$138.75
After May 1, 2008 Fee will be \$538.75**

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

9. MANAGING MEMBERS / MANAGERS

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	BOOTH, WILLIAM E	
STREET ADDRESS	2081 PRINCETON ST.	
CITY-ST-ZIP	SARASOTA, FL 34237	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	BOOTH, WILLIAM A	
STREET ADDRESS	5815 BRINEWOOD AVE	
CITY-ST-ZIP	SARASOTA, FL 34231	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	BOOTH, DOMINIC D	
STREET ADDRESS	1401 CROCKER ST.	
CITY-ST-ZIP	SARASOTA, FL 34231	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	HUNT, STEFANIE K	
STREET ADDRESS	3615 66TH AVE. W	
CITY-ST-ZIP	BRADENTON, FL 34207	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS / CHANGES

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	1750 N. LIME AVE
CITY-ST-ZIP	SARASOTA, FL 34234
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #