

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 27, 2005 8:00 am
Secretary of State

01-27-2005 90077 009 ****50.00

DOCUMENT # L04000067087

1. Entity Name
CREATIVE CONSTRUCTION CONCEPTS, LLC



Principal Place of Business
**4960 HIGHWAY 90
#232
PACE, FL 32571 US**

Mailing Address
**4960 HIGHWAY 90
#232
PACE, FL 32571 US**

20004292



01112005 Chg-LLC CR2E083 (10/03)

4. FEI Number
20 175 8365 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**KILPATRICK, RONALD B
4960 HIGHWAY 90
#232
PACE, FL 32571**

7. Name and Address of New Registered Agent

Name
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 obligation of registered agent.

SIGNATURE: *[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**

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

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
KILPATRICK, RONALD B
4960 HIGHWAY 90, #232
PACE, FL 32571** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
HENDERSON, BRYAN D
6980 CHUMUCKLA HIGHWAY
PACE, FL 32571** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGMR
SNOW, JEFFREY A
6420 BERRYHILL ROAD
MILTON, FL 32570** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME ☐ Change ☐ Addition

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

[Signature] **Bryan D Henderson**

1-25-05

850 995-9999