

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000000760

**FILED**  
**Mar 01, 2009**  
**Secretary of State**

**Entity Name:** CREATEABILITY MEDICAL, LLC

**Current Principal Place of Business:**

8631 117TH ST. N  
SEMINOLE, FL 33772 US

**New Principal Place of Business:**

**Current Mailing Address:**

8631 117TH ST. N  
SEMINOLE, FL 33772 US

**New Mailing Address:**

**FEI Number:** 20-2087595      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SHEEHAN, CYRENE  
8631 117TH ST. N  
SEMINOLE, FL 33772 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR      ( ) Delete  
**Name:** SHEEHAN, CYRENE  
**Address:** 8631 117TH ST. N  
**City-St-Zip:** SEMINOLE, FL 33772 US

**ADDITIONS/CHANGES:**

**Title:**      ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: CYRENE SHEEHAN

MGR

03/01/2009

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date