

LOS 000050295

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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(Business Entity Name)

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EXAMINER

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FF \$25.00

CQVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Creative MARKeting LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L05000050295

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Victor Aides
Name of Person

Creative MARKeting LLC
Name of Firm/Company

3960 OAKS ClubHouse DR.
Address

Pompano Beach FL 33069
City/State and Zip Code

VictorAides@Bellsouth.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Victor Aides at (954) 974-041
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

MAILING ADDRESS:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

SECRETARY OF STATE
TALLAHASSEE, FL 32301

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RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,

Victor Ades., hereby resigns as
Name of Registered Agent

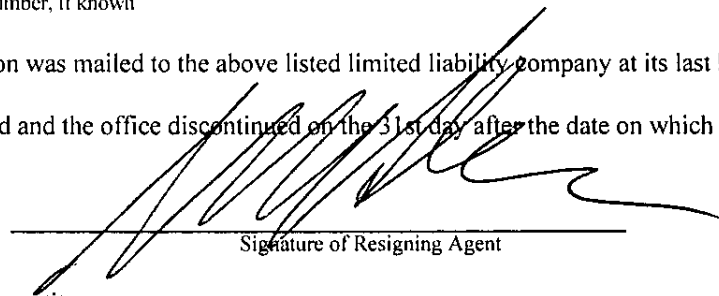
Registered Agent for CRPative MARKETING LLC.

Name of Limited Liability Company

L 05000050295
Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.


Signature of Resigning Agent

If signing on behalf of an entity:

Typed or Printed Name

Capacity

2012 AUG -3 PM 3:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FILING FEES:

\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/ voluntarily dissolved/
withdrawn limited liability company

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314