

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
Sep 01, 2006 8:00 am
Secretary of State

05-03-2006 90025 020 ****50.00

DOCUMENT # L05000063417 1. Entity Name CLERMONT CREATIVE CONCEPTS, LLC					
Principal Place of Business 908 ROANOKE DRIVE MINNEOLA, FL 34715			Mailing Address 908 ROANOKE DRIVE MINNEOLA, FL 34715		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 56-2522281	
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent MCCOLLUM, MICKEY 908 ROANOKE DRIVE MINNEOLA, FL 34715				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				\$5.00 Additional Fee Required	
SIGNATURE _____ (NOTE: Registered Agent signature required when reappointing) _____ DATE _____					
Filing Fee is \$50.00 Due by May 1, 2006			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MCCOLLUM, MICKEY 908 ROANOKE DRIVE MINNEOLA, FL 34715 ☐ Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MCCOLLUM, TOMMY E 908 ROANOKE DRIVE MINNEOLA, FL 34715 ☐ 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				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete				
10. ADDITIONS/CHANGES					
☐ Change ☐ Addition					
☐ Change ☐ Addition					
☐ Change ☐ Addition					
☐ Change ☐ Addition					
☐ Change ☐ Addition					
☐ Change ☐ Addition					
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: <u>Michael F. McCollum</u> <u>4/30/06</u> <u>352-243-7586</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					

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