

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000068936

**Entity Name:** CARING CREATIONS, LLC

**FILED**  
**Mar 24, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

7641 PONTE VERDE WAY  
NAPLES, FL 34109

**New Principal Place of Business:**

**Current Mailing Address:**

7641 PONTE VERDE WAY  
NAPLES, FL 34109

**New Mailing Address:**

**FEI Number:** 51-0583952

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LOKKEN, WENDY M  
7641 PONTE VERDE WAY  
NAPLES, FL 34109 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:** MS.  
**Name:** LOKKEN, WENDY M  
**Address:** 7641 PONTE VERDE WAY  
**City-St-Zip:** NAPLES, FL 34109

**Title:** MRS.  
**Name:** MANGIAMELE, GWEN  
**Address:** 11311 ENTREVAUX DRIVE  
**City-St-Zip:** EDEN PRAIRIE, MN 55347

**Title:** MRS.  
**Name:** CUCKSEY STEPHENS, EDNA  
**Address:** 990 BALDWIN COURT  
**City-St-Zip:** CLARKSTON, MI 48348

**Title:** MS.  
**Name:** DRESCHER, HEATHER  
**Address:** 271 SOUTHBAY DRIVE #244  
**City-St-Zip:** NAPLES, FL 34108

I hereby 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:** WENDY M. LOKKEN

MGRM

03/24/2010

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