

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Apr 04, 2006 8:00 am**  
**Secretary of State**

04-04-2006 90010 046 \*\*\*\*55.00

**DOCUMENT # L05000693660**

1. Entity Name

CREATIVE COUNSELING SOLUTIONS, LLC



Principal Place of Business

3779 SW 59TH AVENUE  
DAVIE FL 33314  
US

Mailing Address

P.O. BOX 4663  
HIALEAH FL 33014  
US



2. Principal Place of Business

3779 SW 59th Ave  
Suite, Apt. #, etc.

3. Mailing Address

3779 SW 59th Ave  
Suite, Apt. #, etc.

1st MOORE

CR2E083 (10/05)

City & State

Davie, FL

City & State

Davie, FL

4. FEI Number

Applied For

☒ Not Applicable

Zip

33314

Country

U.S.A

Zip

33314

Country

U.S.A

5. Certificate of Status Desired

☒

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CEPEDA, MARIA D  
3779 SW 59TH AVENUE  
DAVIE FL 33314

7. Name and Address of New Registered Agent

Name Cepeda, Maria D.

Street Address (P.O. Box Number is Not Acceptable)  
3779 SW 59th Avenue

City Davie

FL

Zip Code 33314

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.

SIGNATURE Maria D. Cepeda

3/27/06

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR  
NAME CEPEDA, MARIA D  
STREET ADDRESS 3779 SW 59TH AVENUE  
CITY-ST-ZIP DAVIE FL 33314

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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CITY-ST-ZIP

☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Maria D. Cepeda

3/27/06

754 367 6229

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #