

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # L05000094635

1. Entity Name:

HOLIDAY CREATIONS, L.L.C.



FILED

07 SEP 26 PM 12:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

9009 BEACON MANOR TERRACE
BRADENTON FL 34212

Mailing Address

9009 BEACON MANOR TERRACE
BRADENTON FL 34212

2. Principal Place of Business - No P.O. Box #

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

326 Golden Harbour Tr

Suite, Apt. #, etc.

City & State

Zip

Country

2nd MOORE

CR2E083 (4/07)

4. FEI Number

20-3420416

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

RATLIFF, GREGORY
9009 BEACON MANOR TERRACE
BRADENTON FL 34212

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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 September 5, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete
NAME RATLIFF, GREGORY
STREET ADDRESS 9009 BEACON MANOR TERRACE
CITY-ST-ZIP BRADENTON FL 34212

TITLE MGR ☐ Delete
NAME RATLIFF, SANDRA
STREET ADDRESS 9009 BEACON MANOR TERRACE
CITY-ST-ZIP BRADENTON FL 34212

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 326 Golden Harbour Tr
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 326 Golden Harbour Tr
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 300109899593
CITY-ST-ZIP 09/25/07--01042--012 **\$0.00

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 605, Florida Statutes.

SIGNATURE:

Sandra J Ratliff

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

Date

Daytime Phone #