


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 30, 2008 8:00 am
Secretary of State

05-30-2008 90018 026 ***138.75

DOCUMENT # L05000115204	
1. Entity Name CREATIVE REMODELING, LLC	

Principal Place of Business 2863 CHATSWORTH LN LAKELAND, FL 33813	Mailing Address 2863 CHATSWORTH LN LAKELAND, FL 33813 US
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00000417

2. Principal Place of Business - No P.O. Box # 2863 Chatsworth Lane	3. Mailing Address 2863 Chatsworth Lane
Suite, Apt. #, etc.	Suite, Apt. #, etc.



05272008 Chg-LLC CR2E083 (12/06)

City & State Lakeland FL	City & State Lakeland FL
Zip 33812	Country US
Zip 33812	Country US

4. FEI Number 56-2545239	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent PROFESSIONAL TAX CONSULTANTS, INC. 112 AVENUE E SW WINTER HAVEN, FL 33880	
7. Name and Address of New Registered Agent Name: David L Blackner Street Address (P.O. Box Number is Not Acceptable): 2863 Chatsworth Lane City: Lakeland FL Zip: 33812	

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: <i>David L Blackner</i>	DATE: 5-27-08

FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008	In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BLACKNER, DAVID L 2863 CHATSWORTH LN LAKELAND, FL 33813 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM Blackner, David L 2863 Chatsworth Lane Lakeland FL. 33812 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <i>David L Blackner</i>	DATE: 5-27-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Date Daytime Phone #