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Secretary of State
08-09-2007 90019 037 ****55.00

8/9

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000036569

1. Entity Name
CREATIVCORRIDORS LLC

Principal Place of Business	Mailing Address
8021 N.E. 7TH AVE. MIAMI, FL 33138 US	8021 N.E. 7TH AVE. MIAMI, FL 33138 US

66021403

08022007 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
8021 NE. 7th AVE.		P.O. Box 381244	
Suite, Apt. #, etc. Miami, FLA.		Suite, Apt. #, etc. C/O A. DAWSEY	
City & State		City & State MIAMI, FL	
Zip 33138	Country US	Zip 33238	Country USA

4. FEI Number ☑ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

DAWSEY, ANTHONY
8021 N.E. 7TH AVE.
MIAMI, FL 33138

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

Filing Fee is $50.00
Due by September 14, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM - President DAWSEY, ANTHONY 8021 N.E. 7TH AVE. MIAMI, FL 33138	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MEMBER - SECRETARY THOMAS, K. 1508 SUNSHINE AVE PERRY, GA. 31069	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ 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: [signature] ANTHONY DAWSEY 8/6/07 3057204316
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #