

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 27, 2008 8:00 am
Secretary of State

05-27-2008 90371 027 ***138.75

DOCUMENT # L06000102280			
1. Entity Name ARCANÉ CREATIVE, LLC			
Principal Place of Business 9100 SOUTH DADELAND BLVD 905 MIAMI, FL 33156		Mailing Address 9100 SOUTH DADELAND BLVD 905 MIAMI, FL 33156	
2. Principal Place of Business - No P.O. Box # 801 NE 167 ST Suite, Apt. #, etc. 303		3. Mailing Address 801 NE 167 ST Suite, Apt. #, etc. 303	
City & State North Miami Bch		City & State North Miami Bch, FL	
Zip 33162		Country 33162	
4. FEI Number 20-5795024		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent ROLLMAN, JONATHAN 801 BRICKELL KEY BLVD 701 MIAMI, FL 33131		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 _____ (NOTE: Registered Agent signature required when reinstating)			
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			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR BAKULA, GUILLERMO 9999 COLLINS AVE MIAMI, FL 33154	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR DEL VALLE, RAMON 9999 COLLINS AVE MIAMI, FL 33154	<input type="checkbox"/> Delete	801 NE 167 ST, SUITE 303 North Miami Bch, FL 33162
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR ROLLMAN, ROBERT 801 BRICKELL KEY BLVD, 701 MIAMI, FL 33131	<input type="checkbox"/> Delete	801 NE 167 ST, SUITE 303 North Miami Bch, FL 33162
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	
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: _____		R. Rollman	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date: 5/22/08	
		Daytime Phone #: 786 253 6742	