

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000106551

FILED
Jun 16, 2009
Secretary of State

Entity Name: CREATIVE CONNECTIONS CONSULTING, LLC

Current Principal Place of Business:

2235 ANOVER CIR
PALM HARBOR, FL 34683 US

New Principal Place of Business:

Current Mailing Address:

4823 PENNECOTT WAY
WESLEY CHAPEL, FL 33544 US

New Mailing Address:

FEI Number: 20-5821632 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

HENDERSON, LINDSEY C
4823 PENNECOTT WAY
WESLEY CHAPEL, FL 33544 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: PETER, KATHRYN
Address: 540 CARILLON PARKWAY APT. #2039
City-St-Zip: SAINT PETERSBURG, FL 33716 US

Title: MGRM () Delete
Name: HENDERSON, LINDSEY C
Address: 4823 PENNECOTT WAY
City-St-Zip: WESLEY CHAPEL, FL 33544 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: PETER, KATHRYN
Address: 2235 ANOVER CIR
City-St-Zip: PALM HARBOR, FL 34683 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: LINDSEY C. HENDERSON

MGRM

06/16/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date