2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

Apr 19, 2007 8:00 am Secretary of State DOCUMENT # L06000107943 1. Entity Name 04-19-2007 90030 023 ****50.00 CREATIVE PERSUASIONS, LLC Principal Place of Business Mailing Address 542 NW 98TH AVE 542 NW 98TH AVE PLANTATION FL 33324 PLANTATION FL 33324 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/06) City & State 4. FEI Number Applied For City & State EIN 01-087842 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MOTTER, BRENDA Street Address (P.O. Box Number is Not Acceptable) **542 NW 98TH AVE** PLANTATION FL 33324 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) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007 MANAGING MEMBERS/MANAGERS 9. 10, ADDITIONS/CHANGES 11114 **MGRM** ☐ Delete ☐ Change Addition NAME MOTTER, JEROME STREET ADDRESS 542 NW 98TH AVE STREET ADDRESS CITY-ST-ZIP CITY-ST ZIP PLANTATION FL 33324 TITLE **MGRM** ☐ Delete TITLE ☐ Change Addition NAME MOTTER, BRENDA NAME STREET ADDRESS 542 NW 98TH AVE STREET ADORESS CITY-ST-ZIP PLANTATION FL 33324 CHY-SI-7IP TITLE ☐ Delete TITLE ☐ Addition MAHIC SHIELE SURFE LADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-7IP Delete TITLE □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST-ZIP TITLE ☐ Delete □ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

CITY-ST-ZIP

CITY ST ZIP

STREET ADDRESS

TITLE

NAME

☐ Delete

SIGNATURE: LULIA MULLA SIGNATURE AND TYPED OR PRINTED NAME OF SIGNAM MANAGING MEMBER ME

CITY-ST-ZIP

STREET ADDRESS

CITY - ST- ZIP

NAME

54-477.5620

☐ Change

Addition

FILED