

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

08 FEB 21 PM 12:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

nyk



DOCUMENT # L06000109709			
1. Entity Name CURB CREATIONS, LLC			
Principal Place of Business 12088 SE 1ST STREET ROAD SILVER SPRINGS, FL 34488 US		Mailing Address 12088 SE 1ST STREET ROAD SILVER SPRINGS, FL 34488 US	
2. Principal Place of Business/ No P.O. Box # 501 N.E. 52 nd CT.		3. Mailing Address 501 N.E. 52 nd CT. 07	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Ocala, FL		City & State Ocala, FL	
Zip 34470		Country Marion	
Zip 34470		Country Marion	
6. Name and Address of Current Registered Agent BRADY-RYAN-- 12088 SE 1ST STREET ROAD SILVER SPRINGS, FL 34488		7. Name and Address of New Registered Agent Name Ryan Brady Street Address (P.O. Box Number is Not Acceptable) 501 N.E. 52 nd CT. City Ocala FL Zip Code 34470	
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>Ryan Brady</i>		(NOTE: Registered Agent signature required when reinstating)	
FILE NOW!!! FEE IS \$277.50		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 MGRM <input type="checkbox"/> Delete	NAME BRADY, RYAN	TITLE MGRM <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME Ryan Brady
STREET ADDRESS 12088 SE 1ST STREET ROAD	CITY-ST-ZIP SILVER SPRINGS, FL 34488	STREET ADDRESS 501 N.E. 52 nd CT.	CITY-ST-ZIP Ocala, FL 34470
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS 300119547133	CITY-ST-ZIP 03/06/08--01013--015 **277.50
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
REINSTATEMENT 2007-2008			
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>Ryan Brady</i>		Date: 1-29-08 (302) 572-8901	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	