

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000030594

**FILED**  
**Feb 22, 2010**  
**Secretary of State**

**Entity Name:** CREATIVE MANAGEMENT & DESIGN, LLC

**Current Principal Place of Business:**

6014 US HWY 19 N. STE. 504  
NEW PORT RICHEY, FL 34668

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 309  
PORT RICHEY, FL 346730309

**New Mailing Address:**

6014 US HWY 19 N. STE. 504  
NEW PORT RICHEY, FL 34668

**FEI Number:** 20-8698444

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KELLEY, HELEN S  
6014 US HWY 19 N. STE. 504  
NEW PORT RICHEY, FL 34668 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  
Name: GOLJI, ALI A  
Address: 6014 US HWY 19 STE 504  
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: MGRM  
Name: KELLEY, HELEN S  
Address: 6014 US HWY 19 STE 504  
City-St-Zip: NEW PORT RICHEY, FL 34652

I hereby 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: HELEN KELLEY

MGRM

02/22/2010

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