


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 07, 2008 8:00 am
Secretary of State

05-07-2008 90014 044 ***138.75

DOCUMENT # L07000041096			
1. Entity Name CREATIVE TREATMENT SOLUTIONS, LLC			
Principal Place of Business 46 SW 1ST AVE. #10 DANIA BEACH, FL 33004 US		Mailing Address 117 NE 1ST CT. DANIA BEACH, FL 33004 US	
2. Principal Place of Business - No P.O. Box # 324 Alcazar St.		3. Mailing Address 324 Alcazar St.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State St. Augustine, FL		City & State St. Augustine, FL	
Zip 32084	Country US	Zip 32084	Country US
6. Name and Address of Current Registered Agent WATTS, DAVID L MANAGER 117 NE 1ST CT. DANIA BEACH, FL 33004		7. Name and Address of New Registered Agent Name David L. Watts, Owner & Manager Street Address (P.O. Box Number is Not Acceptable) 324 Alcazar St. City St. Augustine FL Zip Code 32084	
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 <u>David L. Watts</u> Owner & Manager April 21, 2008 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WATTS, DAVID L 117 NE 1ST CT DANIA BEACH, FL 33004 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Owner & Manager Watts, David L. 324 Alcazar St. St. Augustine, FL 32084 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: David L. Watts Owner & Manager April 21, 2008; 954-929-9321
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

60039701



04182008 Chg-LLC CR2E083 (12/06)

4. FEI Number 34-1778036 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required