

2008

LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L07000053675

 1. Entity Name
CUTE CREATIONS DESIGN, LLC

 Principal Place of Business
163 NUN DRIVE
CRESTVIEW, FL 32536

 Mailing Address
163 NUN DRIVE
CRESTVIEW, FL 32536

08 JAN 16 PM 12:25

 SECRETARY OF STATE
TALLAHASSEE, FLORIDA


11052007 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

01-0810742

Applied For

Not Applicable

5. Certificate of Status Desired


 \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

 MOLNAR, CHRISTINE
163 NUN DRIVE
CRESTVIEW, FL 32536

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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)

DATE

 Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

 TITLE MGR
NAME MOLNAR, CHRISTINE
STREET ADDRESS 163 NUN DRIVE
CITY-ST-ZIP CRESTVIEW, FL 32536

☐ Delete

 TITLE
NAME 400113612314
STREET ADDRESS 01/03/08--01034--006 **50.00
CITY-ST-ZIP

☐ Change

☐ Addition

 TITLE MGR
NAME SCOTT, BARBARA
STREET ADDRESS 16537 RONNIE LANE
CITY-ST-ZIP LIVONIA, MI 48154

☐ Delete

 TITLE
NAME 400113612314
STREET ADDRESS 01/23/08--01006--006 **88.75
CITY-ST-ZIP

☐ Change

☐ Addition

 TITLE
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STREET ADDRESS
CITY-ST-ZIP

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☐ Delete

 TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

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:

Christine Molnar

12-31-07

8506830624

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #