

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 18, 2008 8:00 am
Secretary of State

04-18-2008 90157 017 ***138.75

50004734



DOCUMENT # L07000075398 1. Entity Name CREATIVE SCENTIMENTS, LLC																													
Principal Place of Business 16916 FILLY LANE ODESSA, FL 33556 US			Mailing Address 16916 FILLY LANE ODESSA, FL 33556 US																										
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		04152008 Chg-LLC CR2E083 (12/06) 4. FEI Number 26-1285451 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required																									
6. Name and Address of Current Registered Agent CUSHING, ANDREA 10340 LIGHTNER BRIDGE DRIVE TAMPA, FL 33626				7. Name and Address of New Registered Agent Name Andrea Cushing Street Address (P.O. Box Number is Not Acceptable) 16916 Filly Lane City Odessa FL Zip Code 33556																									
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><i>Andrea Cushing</i></u> (NOTE: Registered Agent signature required when reinstating) DATE <u>4/15/08</u>																													
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 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">MGRM</td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>CUSHING, ANDREA</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>10340 LIGHTNER BRIDGE DRIVE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>TAMPA, FL 33626</td> <td></td> </tr> </table>			TITLE	MGRM	<input type="checkbox"/> Delete	NAME	CUSHING, ANDREA		STREET ADDRESS	10340 LIGHTNER BRIDGE DRIVE		CITY-ST-ZIP	TAMPA, FL 33626		10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">MGRM</td> <td style="width: 30%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>Andrea Cushing</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>16916 Filly Lane</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Odessa FL 33556</td> <td></td> </tr> </table>			TITLE	MGRM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	Andrea Cushing		STREET ADDRESS	16916 Filly Lane		CITY-ST-ZIP	Odessa FL 33556	
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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: <u><i>Andrea Cushing</i></u> 4/15/08 8:34:17 8624 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>																													