2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000080747

Title:

Name:

Address:

City-St-Zip:

MGRM

D'ANGELO, KENT

4304 RIPKEN CIR W

JACKSONVILLE, FL 32224

() Delete

Entity Name: CREATIVE DOCUMENTS, LLC

FILED May 06, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 12620-3 BEACH BOULEVARD, #346 JACKSONVILLE, FL 32246 **Current Mailing Address: New Mailing Address:** 12620-3 BEACH BOULEVARD, #346 JACKSONVILLE, FL 32246 FEI Number: 26-0686374 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GITZEN, ANTHONY 12620-3 BEACH BOULEVARD, #346 JACKSONVILLE, FL 32246 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: ADDITIONS/CHANGES: MGRM Title: MGRM () Delete (X) Change () Addition GITEEM, TONY GITZEN, TONY Name: Name: 1305 OSCEOLA AVE Address: 1305 OSCEOLA AVE Address: City-St-Zip: JACKSONVILLE BEACH, FL 32250 City-St-Zip: JACKSONVILLE BEACH, FL 32250 Title: MGRM () Delete Title: () Change () Addition Name: D'ANGELO, VERA Name: Address: 4304 RIPKEN CIR W Address: City-St-Zip: JACKSONVILLE, FL 32224 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition CYR, CYNTHIA Name: Name: 2029 LAS BRISAS WAY W Address: Address: City-St-Zip: JACKSONVILLE, FL 32224 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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.

Title:

Name:

Address:

City-St-Zip:

() Change () Addition

SIGNATURE: TONY GITZEN PRES 05/06/2009