

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000081672

**FILED**  
**Apr 30, 2012**  
**Secretary of State**

**Entity Name:** CREATIVE BEGINNINGS ACADEMY, LLC

**Current Principal Place of Business:**

3212 BEECHBERRY CIRCLE  
DAVIE, FL 33328

**New Principal Place of Business:**

6169 SW 194TH AVENUE  
PEMBROKE PINES, FL 33332

**Current Mailing Address:**

3212 BEECHBERRY CIRCLE  
DAVIE, FL 33328

**New Mailing Address:**

6169 SW 194TH AVENUE  
PEMBROKE PINES, FL 33332

**FEI Number:** 22-3967355

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WILFORD, CHRISTINA MS.  
3212 BEECHBERRY CIRCLE  
DAVIE, FL 33328 US

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

WILFORD, CHRISTINA MS.  
6169 SW 194TH AVENUE  
PEMBROKE PINES, FL 33332 US

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: \_\_\_\_\_

04/30/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MRS.  
Name: WILFORD, ALINA MRS.  
Address: 6169 SW 194TH AVENUE  
City-St-Zip: PEMBROKE PINES, FL 33332

Title: MR.  
Name: WILFORD, BRIAN G MR.  
Address: 6169 SW 194TH AVENUE  
City-St-Zip: PEMBROKE PINES, FL 33332

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: ALINA WILFORD

MRS.

04/30/2012

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