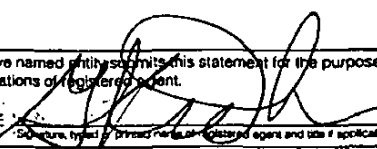
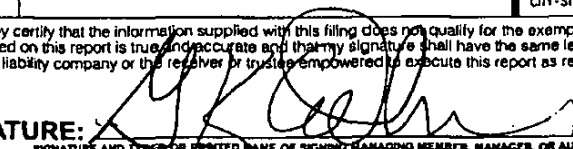


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 06, 2008 8:00 am
Secretary of State

04-02-2008 90152 020 ***138.75

DOCUMENT # L07000083296																											
1. Entity Name ADKINS CREATIVE SOLUTIONS, LLC																											
Principal Place of Business 625 WEST GULF BEACH DRIVE ST. GEORGE ISLAND, FL 32328		Mailing Address 625 WEST GULF BEACH DRIVE ST. GEORGE ISLAND, FL 32328																									
2. Principal Place of Business - No P.O. Box #		3. Mailing Address PO BOX 788																									
Suite, Apt. #, etc.		Suite, Apt. #, etc.																									
City & State		City & State APALACHICOLA, FL																									
Zip	Country	Zip	Country																								
32328	USA	32329	USA																								
4. FEI Number 20-2531194		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																									
ADKINS, GORDON K 625 WEST GULF BEACH DRIVE ST. GEORGE ISLAND, FL 32328		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 		DATE 03.28.08																									
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																									
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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: 		DATE 03.28.08																									
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date																									
		Daytime Phone # (850) 899-1450																									