

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000085127

FILED  
Apr 28, 2008  
Secretary of State

**Entity Name:** CREATIVE CONCEPTS & SOLUTIONS, LLC

**Current Principal Place of Business:**

6218 SOARING AVENUE  
TEMPLE TERRACE, FL 33617 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 292643  
TAMPA, FL 33687 US

**New Mailing Address:**

**FEI Number:** 26-0801439

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MILLER, STACEY  
15438 N. FLORIDA AVENUE  
#106  
TAMPA, FL 33613 US

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

SMITH, KAREN  
6218 SOARING AVENUE  
TEMPLE TERRACE, FL 33617 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: KAREN A. SMITH, AGENT

04/28/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: SMITH, KAREN  
Address: P.O. BOX 292643  
City-St-Zip: TAMPA, FL 33687 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
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.

SIGNATURE: KAREN A. SMITH, MGR. AND NOT PERSONALLY

MGR

04/28/2008

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