

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000100973

FILED
Apr 30, 2009
Secretary of State

Entity Name: CREATIVE CONCEPT LEASING GROUP, LLC

Current Principal Place of Business:

9438 US HWY. 19N #107
NEW PORT RICHEY, FL 34668 US

New Principal Place of Business:

Current Mailing Address:

9438 US HWY. 19N #107
NEW PORT RICHEY, FL 34668 US

New Mailing Address:

FEI Number: 26-1190939

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FAITH, ARCHAMBEAU
572 WINDING WILLOW DRIVE
HOLIDAY, FL 34692 US

Name and Address of New Registered Agent:

FAITH, ARCHAMBEAU
572 WINDING WILLOW DRIVE
PALM HARBOR, FL 34683 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: FAITH ARCHAMBEAU

04/30/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: WELD, OWEN D
Address: 9438 US HWY. 19N #107
City-St-Zip: NEW PORT RICHEY, FL 34668 US

Title: MGR () Delete
Name: SANTOS, Nanci
Address: 2134 TELOGIA COURT
City-St-Zip: HOLIDAY, FL 34690 US

Title: MGRM () Delete
Name: ARCHAMBEAU, FAITH
Address: 572 WINDING WILLOW DRIVE
City-St-Zip: HOLIDAY, FL 34690 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change () Addition
Name: ARCHAMBEAU, FAITH
Address: 572 WINDING WILLOW DRIVE
City-St-Zip: PALM HARBOR, FL 34683 US

Title: MGRM () Change (X) Addition
Name: ARCHAMBEAU, SABRINA
Address: 4558 DEWEY DR.
City-St-Zip: NEW PORT RICHEY, FL 34652

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: FAITH ARCHAMBEAU

MGR

04/30/2009

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