

# **2008 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L07000103205

**FILED**  
**Oct 31, 2008**  
**Secretary of State**

**Entity Name:** CREATIVE BLUE OCEAN, LLC

**Current Principal Place of Business:**

4516 CEDARWOOD VILLAGE DRIVE  
TAMPA, FL 33624 US

**New Principal Place of Business:**

**Current Mailing Address:**

4516 CEDARWOOD VILLAGE DRIVE  
TAMPA, FL 33624 US

**New Mailing Address:**

**FEI Number:** 68-0659623      **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:**

CRAIG, ALEXANDRA  
4516 CEDARWOOD VILLAGE DRIVE  
TAMPA, FL 33624 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:** ALEXANDRA CRAIG

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR      ( ) Delete  
**Name:** CRAIG, ALEXANDRA  
**Address:** 4516 CEDARWOOD VILLAGE DRIVE  
**City-St-Zip:** TAMPA, FL 33624 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:** ALEXANDRA CRAIG

OWNE

10/31/2008

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