

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

**FILED
Sep 30, 2009
Secretary of State**

DOCUMENT# L07000111255

Entity Name: CREATIVE VISIONS REMODELING L.L.C.

Current Principal Place of Business:

615 JASMINE AVE. UNIT P
TARPON SPRINGS, FL 34689

New Principal Place of Business:

Current Mailing Address:

615 JASMINE AVE. UNIT P
TARPON SPRINGS, FL 34689

New Mailing Address:

FEI Number: 26-1320819 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:

GILLESPIE, JAMIE
615 JASMINE AVE. UNIT P
TARPON SPRINGS, FL 34689 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: JAMIE GILLESPIE

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

ADDITIONS/CHANGES:

Title: MGRM () Delete
Name: GILLESPIE, JAMIE
Address: 615 JASMINE AVE. UNIT P
City-St-Zip: TARPON SPRINGS, FL 34689

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

Title: MGRM () Delete
Name: GILLESPIE, VALERIE
Address: 615 JASMINE AVE. UNIT P
City-St-Zip: TARPON SPRINGS, FL 34689

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: JAMIE GILLESPIE

MGRM

09/30/2009

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