

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000115762

FILED
Mar 10, 2009
Secretary of State

Entity Name: CREATIVE SPACES CONSULTING, LLC

Current Principal Place of Business:

6312 RALEIGH ST., APT 515
ORLANDO, FL 32835

New Principal Place of Business:

6312 RALEIGH ST
515
ORLANDO, FL 32835

Current Mailing Address:

6312 RALEIGH ST., APT 515
ORLANDO, FL 32835

New Mailing Address:

6312 RALEIGH ST
515
ORLANDO, FL 32835

FEI Number: 26-1450011

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HADDAD, MARIA E
6312 RALEIGH ST., APT 515
ORLANDO, FL 32835 US

Name and Address of New Registered Agent:

HADDAD, MARIA E
6312 RALEIGH ST
515
ORLANDO, FL 32835 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: MARIA E HADDAD

03/10/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: HADDAD, MARIA E
Address: 6312 RALEIGH ST., APT 515
City-St-Zip: ORLANDO, FL 32835

Title: MGRM () Delete
Name: SIMHA, ISIDORO J
Address: 6312 RALEIGH ST., APT 515
City-St-Zip: ORLANDO, FL 32835

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change () Addition
Name: HADDAD, NADIM
Address: 6312 RALEIGH ST., APT 515
City-St-Zip: ORLANDO, FL 32835

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: NADIM HADDAD

MGRM

03/10/2009

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