

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L07000127196

1. Entity Name
CREATIVE & CUSTOM SOLUTIONS, LLC



FILED

09 JAN -8 PM 3:11

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business
3906 DUNAIRE DRIVE
VALRICO, FL 33596 US

Mailing Address
3906 DUNAIRE DRIVE
VALRICO, FL 33596 US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10272008 REIN-LLC

CR2E101 (1/07)

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

THE LAW OFFICES OF NICK SPRADLIN, PLLC
12000 NORTH DALE MABRY HWY
SUITE 110
TAMPA, FL 33618

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

The Law Offices of Nick Spradlin, PLLC 12-30-08

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$138.75
After January 1, 2009, Fee will be \$277.50

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Delete
NAME STARKEY, JAMES F
STREET ADDRESS 3906 DUNAIRE DRIVE
CITY-ST-ZIP VALRICO, FL 33596

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS 100139407611
CITY-ST-ZIP 12/31/08--01080--004 **143.75

TITLE MGRM ☐ Delete
NAME MCNANER, DAVID
STREET ADDRESS 3906 DUNAIRE DRIVE
CITY-ST-ZIP VALRICO, FL 33596

TITLE MGRM ☒ Change ☐ Addition
NAME McNamer, David
STREET ADDRESS 3906 Dunaire Drive
CITY-ST-ZIP Valrico, FL 33596

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

James F. Starkey

12-22-08

(813)245-6955

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #