

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000043720

FILED  
Feb 17, 2009  
Secretary of State

Entity Name: CREATIVE FLOORS COMMERCIAL, LLC

**Current Principal Place of Business:**

830 STATE ROAD 436  
CASSELBERRY, FL 32707 US

**New Principal Place of Business:**

**Current Mailing Address:**

830 STATE ROAD 436  
CASSELBERRY, FL 32707 US

**New Mailing Address:**

FEI Number: 30-0482211

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

UNITED STATES CORPORATION AGENTS, INC.  
320 S. FLAMINGO ROAD  
347  
PEMBROKE PINES, FL 33027 US

**Name and Address of New Registered Agent:**

FORNASIER, ROBERT  
830 SR 436  
CASSELBERRY, FL 32707 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: ROBERT FORNASIER

02/17/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: CAMPBELL, NANCY  
Address: 830 STATE ROAD 436  
City-St-Zip: CASSELBERRY, FL 32707 US

Title: MGRM ( ) Delete  
Name: CAMPBELL, ROBERT  
Address: 830 STATE ROAD 436  
City-St-Zip: CASSELBERRY, FL 32707 US

Title: MGRM ( ) Delete  
Name: LAVALLIERE, DAVID  
Address: 830 STATE ROAD 436  
City-St-Zip: CASSELBERRY, FL 32707 US

Title: MGRM ( ) Delete  
Name: LAVALLIERE, APRIL  
Address: 830 STATE ROAD 436  
City-St-Zip: CASSELBERRY, FL 32707 US

**ADDITIONS/CHANGES:**

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

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

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

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: DAVID LAVALLIERE

MGRM

02/17/2009

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