## LD8000108258

(Requestor's Name)					
(Address)					
(Address)					
(Address)					
(0) (0) (7) (7)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
·					
(Durings Fully Name)					
(Business Entity Name)					
(Document Number)					
•					
Certified Copies Certificates of Status					

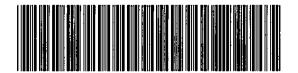
Special Instructions to Filing Officer:

L. SELLERS

NOV 23 2009

**EXAMINER** 

Office Use Only



200162682682

11/20/09--01014--009 \*\*55.00

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## **COVER LETTER**

TO:	Registration Section Division of Corporations				
	•				
SUBJ	Advertising				
	Name of	Limited I.	Liabil	ility Company	
Dear S	Sir or Madam:				
The en	nclosed Registered Agent/Registered	Office Ch	ange	e and fee(s) are submitted for filing.	
Please	return all correspondence concerning	g this mat	ter to	o the following:	
	Suman Dixit	·			
	Name of Person				
	Creative Ways Advertising	g		<del></del>	
	Firm/Company			•	
	5029 Cello Wood Lane				
	Address	<del></del>		<del></del>	
	Wesley Chapel FL 33543	3			
	City/State and Zip Code	<u></u>		<del></del>	
E	sdix1466@yahoo.com mail address: (to be used for future annual report	notification)		<del></del>	
For fu	rther information concerning this mat	ter, please	e call	11:	
	Suman Dixit	at (	813	9949839	
	Name of Person	at (	<u> </u>	Area Code & Daytime Telephone Number	
	STREET/COURIER ADDRESS:		MA	AILING ADDRESS:	
	Registration Section			egistration Section	
	Division of Corporations		-	vision of Corporations	
	Clifton Building			O. Box 6327	
	2661 Executive Center Circle		Tal	Illahassee, Florida 32314	
	Tallahassee, Florida 32301				
	Enclosed is a check for the following	ing amou	nt:	•	
	\$25 Filing Fee	F	<b>S</b> 5	55 Filing Fee & Certified Copy	

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: _	Creative Ways Advertising
2. (a) Principal office address of limited liab	pility company: 5029 Cello Wood Lane
(Note: MUST BE STREET ADDR	Wesley Chapel FL 33543
(b) Mailing address of limited liability co	mpany: 5029 Cello Wood Lane
(Note: MAY BE POST OFFICE BO	Wesley Chapel FL 33543
March-24,2009 Nov 21 3. Date of filing/registration in Florida	260 & L08000108258 4. Document number
5. (a) Registered Agent and Registered Off	ice shown on the records of the Florida Dept. of State:
Registered Agent:	CORPORATION SERVICE COMPANY
Registered Office Address:	1201 HAYS STREET
	TALLAHASSEE FL 32301 US
(b) Enter name of <u>NEW Registered Age</u> <u>NEW Registered Agent:</u>	nt and/or NEW Registered Office address:  Suman Dixit
	•
NEW Registered Office Address: (MUST BE FLORIDA STREET AD	5029 Cello Wood Lane  Wesley Chapel FL 33543
	,FL,
confirmed that after the change or changes and the business office of the registered agen	ted under the laws of the State of Florida, it is hereby the made, the Florida street address of the registered office the will be identical. Or, in the case of a Florida limited the change(s) was/were authorized by an affirmative vote my or as otherwise provided in the articles of organization is illustration.
Signature of a member or authorized representative of a me	nber ARE NOV T
Suman Dixit Printed or typed name of signee	
I hereby accept the appointment as registere comply with the provisions of all statutes reland I am familiar with and accept the obligate Chapter 608, F.S. Or, if this document is being address, I hereby confirm that the limited lia	d agent and agree to act in this capacity. I further agree to tive to the proper and complete performance of my duties, tions of my position as registered agent as provided for in ng filed to merely reflect a change in the registered office bility company has been notified in writing of this change.
Signature of Registered Agent	<del></del>