

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000110440

FILED  
Jun 22, 2009  
Secretary of State

**Entity Name:** CREATIVE MOTION CONCEPTS, LLC

**Current Principal Place of Business:**

27729 MILLER ROAD  
DADE CITY, FL 33525

**New Principal Place of Business:**

**Current Mailing Address:**

27729 MILLER ROAD  
DADE CITY, FL 33525

**New Mailing Address:**

FEI Number: 26-3748562      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:**

BAMBARD, THOMAS D  
27729 MILLER ROAD  
DADE CITY, FL 33525      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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: BAMBARD, THOMAS D  
Address: 27729 MILLER ROAD  
City-St-Zip: DADE CITY, FL 33525

Title:      ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

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

Title: MGR      ( ) Change (X) Addition  
Name: KEMPGENS, MILTON T  
Address: 27729 MILLER ROAD  
City-St-Zip: DADE CITY, FL 33525

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: THOMAS D. BAMBARD

MGR

06/22/2009

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