

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000071951

**FILED**  
**Apr 10, 2012**  
**Secretary of State**

**Entity Name:** CASH FLOW CREATION GROUP, LLC

**Current Principal Place of Business:**

445 DOUGLAS AVENUE  
SUITE 1605  
ALTAMONTE SPRINGS, FL 32714

**New Principal Place of Business:**

**Current Mailing Address:**

445 DOUGLAS AVENUE  
SUITE 1605  
ALTAMONTE SPRINGS, FL 32714

**New Mailing Address:**

**FEI Number:** 27-0641712

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KING, JUSTIN A  
445 DOUGLAS AVE  
SUITE 1605  
ALTAMONTE SPRINGS, FL 32714 US

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

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: MGRM  
Name: KING, JARAD M  
Address: 445 DOUGLAS AVE, SUITE 1605  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: MRGM  
Name: KING, JUSTIN A  
Address: 445 DOUGLAS AVE, SUITE 1605  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

I hereby 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: JARAD KING

MGRM

04/10/2012

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