

L110000007050

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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J. SAULSBERRY  
EXAMINER

NOV 09 2011

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** CREATIVWORKS NOW, LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

SiaMack Alavi

Name of Person

CREATIVWORKS NOW, LLC

Firm/Company

7208 Sandlake Rd., Suite 208

Address

Orlando, FL 32819

City/State and Zip Code

sia@infinitelabs.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SiaMack Alavi

Name of Person

at ( 407 )

290-8860

Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

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**CREATIVWORKS NOW, LLC**

Page 1 of 2

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

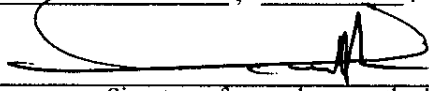
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Gene Ross	8939 Latrec Ave., #112 Orlando, FL	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	SiaMack Alavi	7208 Sand Lake Rd. Suite 208 Orlando, FL 32819	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

N/A

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 TALLAHASSEE, FLORIDA

Dated November 2, 2010

X 

Signature of a member or authorized representative of a member

SiaMack Alavi

Typed or printed name of signee