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To:

Division of Corporations

Fax Number : (8)

: (850)617-6381

From:

<u>/</u>\_

Account Name : TAX CARE CELEBRATION

Account Number : I20190000007 Phone : (786)845-8854

Fax Number : (321)473-3052

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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## FLORIDA LIMITED LIABILITY CO. CREATIVE BUNKR AGENCY LLC

THE RESERVE OF THE PERSON NAMED IN COLUMN 1	
Certificate of Status	0
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Estimated Charge	\$125.00

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J DENNIS

MAY 1 0 2019



Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605. F.S..

State

Zip

Ćíty

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Itte: AMBR* = Authorized Member	Name and Address:
MGR" = Manager	
MGR-MBR	ALEXIS G. BARNIQUEZ
	1400 NW 107TH AVE STE 430
ļ	SWEETWATER, FL 33172
IGR-MBR	DOUGLAS E. MARTINEZ
OK MORE	1400 NW 107TH AVE STE 430
	SWEETWATER, FL 33172
1GR	ALEXANDRA LEDEZMA
ļ	400 ALTON RD UNIT 1207
	MAM BEACH, FL 33139
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