	MENT # L990	00005948		·					•
1. Entity Name	ne CREEK GROVE, L.L.C.					FILED			
					01	FEB 26 AM :	3: 40		
Principal Plac	ce of Business	Mailing Address			•				
PO BOX 719	MD 20812-0719	PO BOX 719 GLEN ECHO MD 208124	7719		SEI TAL	CRETARY OF ST LAHASSEE, FLO	ATC RIDA		
CLEN CONO		0001 00110 110 12012							
	Place of Business	3. Mailing Address							
233 BARTON AUE Suite, Apt. #, etc.		SamE Suite, Apt. #, etc.				DO NOT WRI	FE IN THIS SP	ACE	
City & Stat		City & State			4. FEIN	***************************************			pplied For
PALM L	BEACH, FL	, in the second			4. FELIN	52-2195546		No	t Applicable
3348	Country US	Zip	Country		5. Certif	icate of Status Desired		5.00 Add se Require	
	6. Name and Address of Currer	nt Registered Agent				and Address of New F	tegistered Ag	ent	
WALDE, V	WILLIAM L		S	Street Address (P.		umber is Not Acceptable	e)		
1	TON AVENUE ACH FL 33480		-			· · · · · · · · · · · · · · · · · · ·			
I ALM DE	AOI: 1 E 30-100		C	City		· · · · · · · · · · · · · · · · · · ·	FI	Zip Cod	ө
	e named entity submits this statement	for the purpose of changing it			d agent, c	or both, in the State of Flo	FL prida.	Zip Cod	е
8. The above	e named entity submits this statement	for the purpose of changing it			d agent, c	or both, in the State of Flo		Zip Cod	е
	e named entity submits this statement		s registered o			la)	orida.		
8. The above	e named entity submits this statement	nt and title if applicable. (NO	s registered o	office or registered with a signature required with the signature of the s	when reinstatin	la)	orida.		
8. The above	e named entity submits this statement	int and title if applicable. (NO	s registered o	office or registered with a signature required with the signature of the s	when reinstatin	ø) -03/0 ****	DATE 381033 7/010 *50.00	 397 1003	
8. The above SIGNATURE	named entity submits this statement Signature, typed or printed name of registered age	FILE N Make Check P	s registered of TE: Registered Age IOW!!! FEI ayable to D	office or registered with a signature required with the signature of the s	when reinstatin	• 7000 3 -03/0	DATE 3 - 1 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 -	3 9 7 1003 *****	/——6 -003 •50.00
8. The above SIGNATURE 9. TITLE NAME	o named entity submits this statement Signature, typed or printed name of registered age MANAGING MEM MGRM WALDE, WILLIAM L	nt and title if applicable. (NO FILE N	s registered of TE: Registered Age IOW!!! FEI ayable to D 10. TITLE NAME	ent signature required w	when reinstatin	ø) -03/0 ****	DATE 3 - 1 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 -	 397 1003	
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