

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2002 8:00 am
Secretary of State

01-21-2002 90019 016 ****50.00

DOCUMENT # M99000000579

1. Entity Name
CDA CREATIVE LLC

Principal Place of Business Mailing Address
258 COMMERCIAL BOULEVARD, SUITE 2A **258 COMMERCIAL BOULEVARD, SUITE 2A**
LAUDERDALE-BY-THE-SEA FL 33308-4439 **LAUDERDALE-BY-THE-SEA FL 33308-4439**

907785



2. Principal Place of Business 3. Mailing Address
CDA Creative LLC **2455 E Sunrise Blvd.**

Suite, Apt. #, etc. Suite, Apt. #, etc.
500 **500**

City & State City & State
St. Paul, FL **St. Paul, FL**

Zip Country Zip Country
33304 **US** **33304** **US**

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
65-0911427 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

RUSSO, DANIELLE
258 COMMERCIAL BOULEVARD, SUITE 2A
LAUDERDALE-BY-THE-SEA FL 33308

7. Name and Address of New Registered Agent

Name **CDA Creative LLC**
 Street Address (P.O. Box Number is Not Acceptable) **2455 E Sunrise Blvd.**
 Suite **500**
 City & State **St. Paul, FL**
 Zip Code **33304**

8. 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 *Danielle Russo*
 Signature, typed or printed name of registered agent and title if applicable.

DATE **1/13/2002**

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

| | | |
|----------------|--|---------------------------------|
| TITLE | MGR | <input type="checkbox"/> Delete |
| NAME | RUSSO, DANIELLE | |
| STREET ADDRESS | 258 COMMERCIAL BOULEVARD, SUITE 2A | |
| CITY-ST-ZIP | LAUDERDALE-BY-THE-SEA FL 33308-4439 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
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| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|-----------------------------|--|
| TITLE | MGR | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Danielle Russo | |
| STREET ADDRESS | 2455 E Sunrise Blvd. | |
| CITY-ST-ZIP | St. Paul, FL 33304 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: *Danielle Russo*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

DATE **1/13/2002** DAYTIME PHONE # **954-563-0686**

CFR2083 (9/01)