

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000151224

Entity Name: CORPORATE CREATIONS FLORIDA LLC**Current Principal Place of Business:**801 US HIGHWAY 1
NORTH PALM BEACH, FL 33408**Current Mailing Address:**801 US HIGHWAY 1
NORTH PALM BEACH, FL 33408 US**FEI Number:** 81-3569299**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATE CREATIONS NETWORK, INC.
801 US HIGHWAY 1
NORTH PALM BEACH, FL 33408 US*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

Authorized Person(s) Detail :

Title MANAGER
Name MOORE, ANDREW
Address 480 WASHINGTON BLVD., 26TH FLOOR
City-State-Zip: JERSEY CITY NJ 07310

Title MANAGER
Name BAVARO, TRENTON
Address 801 US HIGHWAY 1
City-State-Zip: NORTH PALM BEACH FL 33408

Title MANAGER
Name CHASSE, JEFFREY
Address 150 ROYALL STREET
City-State-Zip: CANTON MA 02021

Title MANAGER
Name CLEMONS, GREGORY
Address 150 ROYALL STREET
City-State-Zip: CANTON MA 02021

Title MANAGER
Name COX, MATTHEW
Address 100 UNIVERSITY AVENUE, 8TH FLOOR
City-State-Zip: TORONTO ON M5J 2Y1

Title MANAGER
Name EICHELSDOERFER, SARAH
Address 801 US HIGHWAY 1
City-State-Zip: NORTH PALM BEACH FL 33408

Title MANAGER
Name SPATARO, THOMAS
Address 150 ROYALL STREET
City-State-Zip: CANTON MA 02021

Title MANAGER
Name MOCOgni, SHAWNA
Address 150 ROYALL STREET
City-State-Zip: CANTON MA 02021

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: SARAH EICHELSDOERFER**MANAGER****04/16/2020**

Electronic Signature of Signing Authorized Person(s) Detail

Date