2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 21, 2008 08:00 AM
Secretary of State

DOCUMENT # L06000035682

1. Entity Name
MVP MOMENTS, LLC

Principal Place of Business	Mailing Address
2509 MONTCLAIRE CIRCLE WESTON, FL 33327	2509 MONTCLAIRE CIRCLE WESTON, FL 33327

DO NOT WRITE IN THIS SPACE

01072008 No Chg-LLC CR2E083 (12/07)

4. FEI Number
20-4830253
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

HELFMAN, STEVEN M
2509 MONTCLAIRE CIRCLE
WESTON, FL 33327

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	HELFMAN, STEVEN M
STREET ADDRESS	2509 MONTCLAIRE CIRCLE
CITY-ST-ZIP	WESTON, FL 33327
TITLE	MGRM
NAME	HELFMAN, JONI R
STREET ADDRESS	2509 MONT CLAIRE CIR
CITY-ST-ZIP	WESTON, FL 33327
TITLE	MGRM
NAME	KAUFMAN, DANIEL
STREET ADDRESS	284 CAMERON DR
CITY-ST-ZIP	WESTON, FL 33326
TITLE	MGRM
NAME	KAUFMAN, JENNIFER
STREET ADDRESS	284 CAMERON DR
CITY-ST-ZIP	WESTON, FL 33326
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/28/08-80024-017 138.75

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____ 2/18/08 954 384 1112
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #