

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

DOCUMENT # L06000035682 1. Entity Name MVP MOMENTS, LLC	
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Principal Place of Business 2509 MONTCLAIRE CIRCLE WESTON, FL 33327	Mailing Address 2509 MONTCLAIRE CIRCLE WESTON, FL 33327
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DO NOT WRITE IN THIS SPACE



01072008No 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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

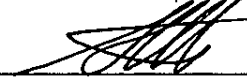
**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

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

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U00000833737
02/28/08-80024-017 138.75

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	954 384 112
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE	Date	Daytime Phone #