

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000070801

FILED
Sep 10, 2008
Secretary of State

Entity Name: CONEX EXHIBITION SERVICES, LLC

Current Principal Place of Business:

3075 SW 32 AVE
MIAMI, FL 33133

New Principal Place of Business:

2025 BRICKELL AVENUE
SUITE 2003
MIAMI, FL 33129

Current Mailing Address:

3075 SW 32 AVE
MIAMI, FL 33133

New Mailing Address:

2025 BRICKELL AVENUE
SUITE 2003
MIAMI, FL 33129

FEI Number: 20-5210049

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SANCHEZ, MATIAS MBA
3075 SW 32ND AVE
MIAMI, FL 33133 US

Name and Address of New Registered Agent:

SANCHEZ, MATIAS MBA
2025 BRICKELL AVENUE
SUITE 2003
MIAMI, FL 33129 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: MATIAS SANCHEZ

09/10/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MNG () Delete
Name: SANCHEZ, MATIAS MBA
Address: 3075 SW 32ND AVE
City-St-Zip: MIAMI, FL 33133

Title: MNG () Delete
Name: DELFINO, LUCAS ARCH
Address: 1110 SW 18 AVE
City-St-Zip: MIAMI, FL 33135

ADDITIONS/CHANGES:

Title: MNG (X) Change () Addition
Name: SANCHEZ, MATIAS MBA
Address: 2025 BRICKELL AVENUE - UNIT 2003
City-St-Zip: MIAMI, FL 33129

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: MATIAS SANCHEZ

MNG

09/10/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date