

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 14, 2003 8:00 am**  
**Secretary of State**

04-14-2003 90899 013 \*\*\*\*50.00

DOCUMENT # L01000013611

1. Entity Name

8PM ENTERTAINMENT CONSULTANTS, LLC



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

1271 SW 131st Pl. Circle W

Suite, Apt. #, etc.

3. Mailing Address

1271 SW 131st Pl. Circle W

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Miami, FL

City & State

Miami, FL

4. FEI Number

65-1134122

Applied For

Not Applicable

Zip

33184

Country

U.S.A

Zip

33184

Country

USA

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

King & Lancaster P.A.

Street Address (P.O. Box Numbers Not Acceptable)

5975 Sunset Dr. Suite 703

City

South Miami

FL

Zip Code

33143

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.

DATE

**FEE IS \$50.00**

**Make Check Payable to Florida Department of State**

**DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE: MGR  
NAME: Rosana Wassall  
STREET ADDRESS: 120 W Paloma Rd  
CITY-ST-ZIP: Key Largo, FL 33037

TITLE: MGR  
NAME: Raissa Pithulaga  
STREET ADDRESS: 120 W Paloma Rd  
CITY-ST-ZIP: Key Largo, FL 33037

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**DO NOT WRITE  
IN THIS SPACE**

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Raissa Pithulaga 04/14/03 (305) 480-0505

CR2E083B (12/02)