

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 09, 2007 08:00 A
Secretary of State

DOCUMENT # L04000012179

1. Entity Name
SINGLE CELL ENTERTAINMENT LLC



Principal Place of Business

**224 NE 59TH STREET
MIAMI, FL 33137**

Mailing Address

**224 NE 59TH STREET
MIAMI, FL 33137**



04052007No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0749941

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**VERLEUR, JAN
224 NE 59TH STREET
MIAMI, FL 33137**

**DO NOT WRITE
IN THIS SPACE**

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 reappointing)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

| | |
|----------------|-------------------------------|
| TITLE | MGRM |
| NAME | VERLEUR CAPITAL VENTURES, LLC |
| STREET ADDRESS | 224 NE 59TH STREET |
| CITY-ST-ZIP | MIAMI, FL 33137 |

| | |
|----------------|--|
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| | |
|----------------|--|
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| | |
|----------------|--|
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| | |
|----------------|--|
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| | |
|----------------|--|
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

U000000695286
04/17/07-80056-002 50.00

**DO NOT WRITE
IN THIS SPACE**

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: _____

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

Date

Daytime Phone #

JAN Verleur Managing mbr 4/5/07