


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 08, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000086619

1. Entity Name
THE EVENT PRO-SSSS LLC



Principal Place of Business 5123 KERNWOOD COURT PALM HARBOR, FL 34685 US	Mailing Address 5123 KERNWOOD COURT PALM HARBOR, FL 34685 US
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01052007No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 52-2104663	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

FERN, DAVID
 5123 KERNWOOD COURT
 PALM HARBOR, FL 34685

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FERN, SUE 5123 KERNWOOD COURT PALM HARBOR, FL 34685
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FERN, DAVID 5123 KERNWOOD COURT PALM HARBOR, FL 34685
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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: DAVID S. FERN 1/8/07 727.942.4503

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