

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000030856

FILED
May 01, 2009
Secretary of State

Entity Name: JND WEDDING PLANNING SERVICES, LLC

Current Principal Place of Business:

4915 RATTLESNAKE HAMMOCK RD
173
NAPLES, FL 34113

New Principal Place of Business:

Current Mailing Address:

4915 RATTLESNAKE HAMMOCK RD
173
NAPLES, FL 34113

New Mailing Address:

FEI Number: 20-2586437 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

PAUL, JOHN K
4374 23RD AVE SW
NAPLES, FL 34116 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: PAUL, DEBORAH J
Address: 4374 23RD AVE SW
City-St-Zip: NAPLES, FL 34116

Title: MGRM () Delete
Name: JONASSAINT, NELY
Address: 5206 MITCHELL ST
City-St-Zip: NAPLES, FL 34113

Title: MGRM () Delete
Name: ANTOINE, JUNETTE
Address: 5260 GEORGIA AVENUE
City-St-Zip: NAPLES, FL 34113

ADDITIONS/CHANGES:

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

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

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: JUNETTE ANTOINE

MGRM

05/01/2009

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