

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 17, 2006 8:00 am**  
**Secretary of State**

01-17-2006 90061 020 \*\*\*\*50.00

**DOCUMENT # L05000098078**

1. Entity Name  
**ARTEVENTS, LLC**



Principal Place of Business  
**MERRICK SHOPPES  
320 SAN LORENZO AVE., SUITE 1205  
CORAL GABLES, FL 33146**

Mailing Address  
**MERRICK SHOPPES  
320 SAN LORENZO AVE., SUITE 1205  
CORAL GABLES, FL 33146**

600000001



2. Principal Place of Business

3. Mailing Address

01092006 Chg-LLC CR2E083 (11/05)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

Applied For

**203624772**

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TERMINELLO, LOUIS J ESQ.  
C/O TERMINELLO & TERMINELLO, P.A.  
2700 S.W. 37TH AVENUE  
MIAMI, FL 33133**

Name **Della Puppa, Paolo**

Street Address (P.O. Box Number is Not Acceptable)

**320 San Lorenzo Ave #1205**

City **Coral Gables**

**FL**

Zip Code **33146**

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 reinstating)

DATE

**01/10/06**

**Filing Fee is \$50.00  
Due by May 1, 2006**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**MGR  
MERLO, MICHELE  
826 OCEAN DRIVE  
MIAMI BEACH, FL 33139**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**MGR  
DELLA PUPPA, PAOLO  
320 SAN LORENZO AVE., SUITE 1205  
CORAL GABLES, FL 33146**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

**01/10/06**

Date

Daytime Phone #