

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000013319

Entity Name: THE EVENT FIRM, LLC

FILED  
Aug 28, 2008  
Secretary of State

**Current Principal Place of Business:**

2845 SW 69TH COURT  
WEST CORAL GABLES, FL 33155

**New Principal Place of Business:**

**Current Mailing Address:**

2845 SW 69TH COURT  
WEST CORAL GABLES, FL 33155

**New Mailing Address:**

FEI Number: 20-4264110      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
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:**

**Name and Address of New Registered Agent:**

GONZALEZ, ALFREDO L  
2525 PONCE DE LEON BLVD., SUITE 400  
CORAL GABLES, FL 33134      US

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: DOMENECH, FE  
Address: 8004 NORTHWEST 154TH STREET, SUITE 325  
City-St-Zip: MIAMI LAKES, FL 330165814

**ADDITIONS/CHANGES:**

Title: MGRM      (X) Change      ( ) Addition  
Name: DOMENECH, FE  
Address: 2845 SW 69TH COURT  
City-St-Zip: WEST CORAL GABLES, FL 33155-28 29

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: FÉ DOMENECH

CEO

08/28/2008

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