


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Feb 21, 2008 08:00 AM**  
**Secretary of State**

|   |   |
|---|---|
| <b>DOCUMENT # L06000035682</b><br>1. Entity Name<br><b>MVP MOMENTS, LLC</b> |  |
|---|---|

|   |   |
|---|---|
| Principal Place of Business<br><b>2509 MONTCLAIRE CIRCLE<br/>WESTON, FL 33327</b> | Mailing Address<br><b>2509 MONTCLAIRE CIRCLE<br/>WESTON, FL 33327</b> |
|---|---|

**DO NOT WRITE IN THIS SPACE**



01072008No Chg-LLC CR2E083 (12/07)

|   |  |
|---|--|
| 4. FEI Number<br><b>20-4830253</b>                        | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$5.00</b> Additional Fee Required                  |

**6. Name and Address of Current Registered Agent**

**HELFMAN, STEVEN M  
2509 MONTCLAIRE CIRCLE  
WESTON, FL 33327**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

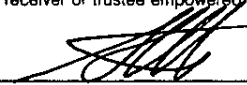
**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

| 9. MANAGING MEMBERS/MANAGERS                       |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | MGRM<br>HELFMAN, STEVEN M<br>2509 MONTCLAIRE CIRCLE<br>WESTON, FL 33327 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | MGRM<br>HELFMAN, JONI R<br>2509 MONT CLAIRE CIR<br>WESTON, FL 33327     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | MGRM<br>KAUFMAN, DANIEL<br>284 CAMERON DR<br>WESTON, FL 33326           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | MGRM<br>KAUFMAN, JENNIFER<br>284 CAMERON DR<br>WESTON, FL 33326         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   |

U00000833737  
02/28/08-80024-017 138.75

**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:**  **2/18/08** **954 384 / 112**

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