

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000035682

Entity Name: MVP MOMENTS, LLC

FILED  
May 04, 2010  
Secretary of State

**Current Principal Place of Business:**

2509 MONTCLAIRE CIRCLE  
WESTON, FL 33327

**New Principal Place of Business:**

**Current Mailing Address:**

2509 MONTCLAIRE CIRCLE  
WESTON, FL 33327

**New Mailing Address:**

FEI Number: 20-4830253      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:**

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

HELFMAN, STEVEN M  
2509 MONTCLAIRE CIRCLE  
WESTON, FL 33327      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  
Name: HELFMAN, STEVEN M  
Address: 2509 MONTCLAIRE CIRCLE  
City-St-Zip: WESTON, FL 33327

Title: MGRM  
Name: HELFMAN, JONI R  
Address: 2509 MONT CLAIRE CIR  
City-St-Zip: WESTON, FL 33327

Title: MGRM  
Name: KAUFMAN, DANIEL  
Address: 284 CAMERON DR  
City-St-Zip: WESTON, FL 33326

Title: MGRM  
Name: KAUFMAN, JENNIFER  
Address: 284 CAMERON DR  
City-St-Zip: WESTON, FL 33326

I hereby 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: STEVEN M. HELFMAN

MGRM

05/04/2010

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