

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000082082

FILED
May 01, 2008
Secretary of State

Entity Name: 3 WISHES EVENT MANAGEMENT LLC

Current Principal Place of Business:

2498 13TH AVE S
ST. PETERSBURG, FL 33712

New Principal Place of Business:

Current Mailing Address:

PO BOX 15022
ST. PETERSBURG, FL 33733

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) 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:

MCDONALD, CHRISONDA
2498 13TH AVE S
ST. PETERSBURG, FL 33712 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: MCDONALD, CHRISONDA
Address: 2498 13TH AVE S
City-St-Zip: ST. PETERSBURG, FL 33712

Title: MGRM () Delete
Name: BROWN, SHARON
Address: 2498 13TH AVE S
City-St-Zip: ST. PETERSBURG, FL 33712

Title: MGRM () Delete
Name: MCDONALD, QIANA
Address: 2370 11TH AVE S
City-St-Zip: ST. PETERSBURG, FL 33712

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: CHRISONDA MCDONALD

MGRM

05/01/2008

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