

# 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