

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000082108

FILED
May 15, 2007
Secretary of State

Entity Name: MELISSA SESSOMS PUBLIC RELATIONS, ET CETERA, LLC.

Current Principal Place of Business:

1451 SOUTH MIAMI AVENUE
1510
MIAMI, FL 33130

New Principal Place of Business:

1451 SOUTH MIAMI AVENUE
403
MIAMI, FL 33130

Current Mailing Address:

1451 SOUTH MIAMI AVENUE
1510
MIAMI, FL 33130

New Mailing Address:

1451 SOUTH MIAMI AVENUE
403
MIAMI, FL 33130

FEI Number: 87-0779528 **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:

SESSOMS, MELISSA N
1451 SOUTH MIAMI AVENUE
1510
MIAMI, FL 33130 US

Name and Address of New Registered Agent:

SESSOMS, MELISSA N
1451 SOUTH MIAMI AVENUE
403
MIAMI, FL 33130 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: MELISSA N. SESSOMS

05/15/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: SESSOMS, MELISSA N
Address: 1451 SOUTH MIAMI AVENUE, SUITE 1510
City-St-Zip: MIAMI, FL 33130

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: SESSOMS, MELISSA N
Address: 1451 SOUTH MIAMI AVENUE, SUITE 403
City-St-Zip: MIAMI, FL 33130

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: MELISSA N. SESSOMS

MGR

05/15/2007

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