

2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT # L06000113231

1. Entity Name
ASSOCIATION & CONFERENCE MANAGEMENT, LLC.



Principal Place of Business
1608 METROPOLITAN CIRCLE
SUITE B
TALLAHASSEE, FL 32308 US

Mailing Address
POST OFFICE BOX 38070
TALLAHASSEE, FL 32315 US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

08282007 Chg-LLC CR2E083 (12/06)

4. FEI Number
56-2624990

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

JONES, EUGENE B
1608 METROPOLITAN CIRCLE
SUITE B
TALLAHASSEE, FL 32308

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

8/28/07

Amended AR is \$50.00

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete
NAME JONES, EUGENE B
STREET ADDRESS POST OFFICE BOX 38070
CITY-ST-ZIP TALLAHASSEE, FL 32315

TITLE MGRM ☒ Delete
NAME KOLLAR, LOREEN
STREET ADDRESS 1253 SEDGEFIELD ROAD
CITY-ST-ZIP TALLAHASSEE, FL 32317

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE MGRM ☒ Change ☐ Addition
NAME
STREET ADDRESS 200109298242
CITY-ST-ZIP 09/11/07--01024--001 **50.00

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME MRG
STREET ADDRESS MOREAU, RAY
CITY-ST-ZIP 1895 VINELAND LANE
TALLAHASSEE, FL 32311

TITLE ☐ Change ☒ Addition
NAME MGR
STREET ADDRESS BELLAMY, HEATHER
CITY-ST-ZIP 1569 COOMBS DRIVE
TALLAHASSEE, FL 32308

TITLE ☐ Change ☒ Addition
NAME MGR
STREET ADDRESS WEBER, DANA
CITY-ST-ZIP POST OFFICE BOX 38070
TALLAHASSEE, FL 32315

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

8/28/07 850-455-9090

FILED

07 SEP 10 AM 10:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

