2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 13, 2009
Secretary of State

DOCUMENT# L07000010843

Entity Name: IMPRESSIONS EVENT MANAGEMENT SERVICES, LLC

Current Principal Place of Business:

8334 CIVIC RD
TAMPA, FL 33615

New Principal Place of Business:

Current Mailing Address:

PO BOX 260922
TAMPA, FL 336850922

New Mailing Address:

8334 CIVIC RD
TAMPA, FL 33615

FEI Number: 51-0619519 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DUPREE, BELINDA
8334 CIVIC RD
TAMPA, FL 33615 US

Name and Address of New Registered Agent:

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: DUPREE, BELINDA
Address: 8334 CIVIC RD
City-St-Zip: TAMPA, FL 33615

Title: MGRM ( ) Delete
Name: KINDLE, KIMBERLY
Address: 1322 STEEPY HOLLOW COURT
City-St-Zip: DUNEDINE, FL 34698

ADDITIONS/CHANGES:

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: BELINDA DUPREE MGRM 04/13/2009

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