


FILED
Mar 14, 2008 8:00 am
Secretary of State

03-14-2008 90203 009 ***143.75

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L07000046834 1. Entity Name INTERNATIONAL EVENT & EXHIBITION MANAGEMENT, LLC			
Principal Place of Business 100 SE SECOND STREET SUITE 2610 MIAMI, FL 33131 US		Mailing Address 100 SE SECOND STREET SUITE 2610 MIAMI, FL 33131 US	
2. Principal Place of Business - No P.O. Box # 18800 NE 29TH Ave. Suite, Apt. #, etc. 317		3. Mailing Address 18800 NE 29TH Ave. Suite, Apt. #, etc. 317	
City & State AVENTURA		City & State AVENTURA	
Zip 33180 Country FL		Zip 33180 Country FL	
6. Name and Address of Current Registered Agent GLOBAL EXPANSION & CONSULTING, LLC 100 SE SECOND STREET SUITE 2610 MIAMI, FL 33131		7. Name and Address of New Registered Agent Name ROLFF LAW P.A. Street Address (P.O. Box Number is Not Acceptable) 100 SE 2ND STREET, SUITE 2222 BANK OF AMERICA TOWER City MIAMI FL Zip Code 33131	
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 ELKE ROLFF <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$138.75 After May 1, 2009 Fee will be \$538.75		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR NEDIC, MARINA VIA SAVAL 21C VERONA, ITALY, I 37124	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GIANCARLO VOGLINO VIA SAVAL 21C VERONA, ITALY, I 37124
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: MARINA NEDIC <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		Date 3/10/2008 Daytime Phone # 305 333 8153	

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03102008 Chg-LLC CR2E083 (12/06)

4. FEI Number **94-324 2087** Applied For ☐ Not Applicable ☐

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