

# **2008 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L07000071813

Entity Name: EVENTFUL AFFAIRS, LLC

**FILED**  
**Sep 30, 2008**  
**Secretary of State**

**Current Principal Place of Business:**

2462 SE GOWIN DRIVE  
PORT ST LUCIE, FL 34952

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 7274  
PORT ST LUCIE, FL 349857274

**New Mailing Address:**

FEI Number: 26-0533288      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:**

ORBIGOSO, FE M.  
6170 HEATHER STREET  
JUPITER, FL 33458      US

**Name and Address of New Registered Agent:**

NEIL, NATALIE  
2462 SE GOWIN DRIVE  
PORT ST. LUCIE, FL 34952      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: NATALIE NEIL

09/30/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: NEIL, NATALIE  
Address: P.O. BOX 7274  
City-St-Zip: PORT ST LUCIE, FL 349857274

**ADDITIONS/CHANGES:**

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: NATALIE NEIL

MS.

09/30/2008

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