

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000071977

FILED  
Apr 13, 2009  
Secretary of State

**Entity Name:** A UNIQUE EVENT OF CENTRAL FLORIDA, LLC

**Current Principal Place of Business:**

4767 NEW BROAD ST.  
ORLANDO, FL 32814

**New Principal Place of Business:**

**Current Mailing Address:**

4767 NEW BROAD ST.  
ORLANDO, FL 32814

**New Mailing Address:**

**FEI Number:** 26-0526842

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BENKIRAN & ASSOCIATES, P.A.  
1999 WEST COLONIAL DRIVE  
#204  
ORLANDO, FL 32804 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: REAVES, MONA L  
Address: 4504 OLD CARRIAGE TRAIL  
City-St-Zip: OVIEDO, FL 32765

Title: MGR (X) Delete  
Name: BOVA, SYLVIA R  
Address: 1655 MEADOWGOLD CT.  
City-St-Zip: WINTER PARK, FL 32792

**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: MONA L. REAVES

MGRM

04/13/2009

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