

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000114964

Entity Name: CALENDAR SHOWS LLC

**FILED**  
**Jan 07, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

411 BATH CLUB BLVD SOUTH  
N REDINGTON BEACH, FL 33708

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 939  
INDIAN ROCKS BEACH, FL 33785

**New Mailing Address:**

FEI Number: 26-1411491

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

RIVELLINI, PETER A ESQ  
411 BATH CLUB BLVD SOUTH  
N REDINGTON BEACH, FL 33708 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: MGR  
Name: GRIMES, MICHAEL  
Address: 411 BATH CLUB BLVD SOUTH  
City-St-Zip: N REDINGTON BEACH, FL 33708

Title: VMGR  
Name: GRIMES, MARILYN SKEFF  
Address: 411 BATH CLUB BLVD SOUTH  
City-St-Zip: N REDINGTON BEACH, FL 33708

Title: S  
Name: KORSZENIEWSKI, BERNADETTE  
Address: 411 BATH CLUB BLVD SOUTH  
City-St-Zip: N REDINGTON BEACH, FL 33708

Title: T  
Name: KORSZENIEWSKI, JOHN  
Address: 411 BATH CLUB BLVD SOUTH  
City-St-Zip: N REDINGTON BEACH, FL 33708

I hereby 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: MICHAEL GRIMES

MGR

01/07/2010

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