

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000039751

Entity Name: STELLAR EVENTS, LLC

FILED
Apr 28, 2009
Secretary of State

Current Principal Place of Business:

3685 NW MEDITERREAN LANE
JENSEN BEACH, FL 35957 US

New Principal Place of Business:

800 NW FORK RD.
BLDG 6 - UNIT 11
STUART, FL 34994 US

Current Mailing Address:

P.O. BOX 2362
STUART, FL 34995 US

New Mailing Address:

FEI Number: 26-2453802

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

YATSKO, DEBRA
3685 NW MEDITERREAN LANE
JENSEN BEACH, FL 35957 US

Name and Address of New Registered Agent:

COMBEE, DEBORAH
800 NW FORK RD
BLDG 6 - UNIT 11
STUART, FL 34994 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: DEBORAH COMBEE

04/28/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: YATSKO, DEBRA
Address: 3685 NW MEDITERREAN LANE
City-St-Zip: JENSEN BEACH, FL 35957 US

Title: MGRM () Delete
Name: COMBEE, DEBORAH
Address: 31 HARBOUR ISLE DRIVE W PH-03
City-St-Zip: HUTCHINSON ISLAND, FL 34949 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: YATSKO, DEBRA
Address: P.O. BOX 2362
City-St-Zip: STUART, FL 34995 US

Title: MGRM (X) Change () Addition
Name: COMBEE, DEBORAH
Address: 800 NW FORK RD
City-St-Zip: STUART, FL 34994 US

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: DEBORAH COMBEE

MGRM

04/28/2009

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