

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000056509

Entity Name: DIVINE EVENTS,LLC

FILED
Jan 07, 2009
Secretary of State

Current Principal Place of Business:

2629 W SUNSET DR
TAMPA, FL 33603

New Principal Place of Business:

2629 W SUNSET DR
TAMPA, FL 33629

Current Mailing Address:

2629 W SUNSET DR
TAMPA, FL 33603

New Mailing Address:

2629 W SUNSET DR
TAMPA, FL 33629

FEI Number: 26-2788767

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RIVELLINI, PETER A
911 CHESTNUT ST
CLEARWATER, FL 33756 US

Name and Address of New Registered Agent:

KESKINER, BARBARA
2629 W SUNSET DR
TAMPA, FL 33629 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: BARBARA KESKINER

01/07/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: D () Change (X) Addition
Name: KESKINER, BARBARA
Address: 2629 W SUNSET DR
City-St-Zip: TAMPA, FL 33629

Title: D () Change (X) Addition
Name: ZAMORE, ALY
Address: 2629 W SUNSET DR
City-St-Zip: TAMPA, FL 33629

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: BARBARA KESKINER

D

01/07/2009

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