

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000084528

FILED
Jun 23, 2009
Secretary of State

Entity Name: SILVER SPOON EVENTS LLC.

Current Principal Place of Business:

1000 WEST AVENUE
SUITE 824
MIAMI BEACH, FL 33139

New Principal Place of Business:

Current Mailing Address:

1000 WEST AVENUE
SUITE 824
MIAMI BEACH, FL 33139

New Mailing Address:

FEI Number: 26-3664850 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
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:

ACETO, PAUL
10 SW SOUTH RIVER DRIVE #1609
MIAMI, FL 33130 US

Name and Address of New Registered Agent:

ACETO, PAUL
1000 WEST AVENUE
824
MIAMI BEACH, FL 33139 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: PAUL ACETO

06/23/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: VIBERTI, LAURA
Address: 1000 WEST AVENUE #824
City-St-Zip: MIAMI BEACH, FL 33139

Title: MGRM () Delete
Name: ACETO, PAUL
Address: 10 SW SOUTH RIVER DRIVE #1609
City-St-Zip: MIAMI, FL 33130

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: ACETO, PAUL
Address: 1000 WEST AVENUE #824
City-St-Zip: MIAMI, FL 33139

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: LAURA VIBERTI

MGRM

06/23/2009

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