2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000085492

Entity Name: SOCIAL ESQUIRE, LLC

Current Principal Place of Business:

Title:

Title:

Title:

Name:

Address: City-St-Zip:

Name:

Address:

City-St-Zip:

Name:

Address:

City-St-Zip:

MGRM

MGRM

MGRM

(X) Delete

() Delete

() Delete

8311 SANDS POINT BLVD. #210

MUKIZA-GAPERE, ROCHELLE ESQ.

STEWART, TONETTA R ESQ.

50 SW 10TH STREET, #503

11666 SW 153RD AVENUE

BACKER, DANIELA ESQ.

TAMARAC, FL 33321

MIAMI, FL 33130

MIAMI, FL 33196

FILED Apr 07, 2009 Secretary of State

New Principal Place of Business:

2351 SOUTH DOUGLAS ROAD, #1008 MIAMI, FL 33145				2351 SOUTH DOUGLAS ROAD 1008 MIAMI, FL 33145	
Current Mailing Address:				New Mailing Address:	
2351 SOUTH DOUGLAS ROAD, #1008 MIAMI, FL 33145				2351 SOUTH DOUGLAS ROAD 1008 MIAMI, FL 33145	
FEI Number:	90-0417349	FEI Number Applied For ()	FEI Num	nber Not Applicable ()	Certificate of Status Desired (X)
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:	
POWELL, JAMILA ESQ. 2351 SOUTH DOUGLAS ROAD, #1008 MIAMI, FL 33145 US				POWELL, JAMILA ESQ. 2351 SOUTH DOUGLAS ROAD 1008 MIAMI, FL 33145 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:					04/07/2009
Electronic Signature of Registered Agent					Date
MANAGING MEMBERS/MANAGERS:				ADDITIONS/CHANGES:	
Title: Name: Address: City-St-Zip:	MGRM () E ANDREWS, ANIS 2000 N. BAYSHO MIAMI, FL 33137	RE DRIVE, #508		Title: () Name: Address: City-St-Zip:	Change () Addition
Title: Name: Address: City-St-Zip:	POWELL, JAMILA	UGLAS ROAD, #1008		Title: () Name: Address: City-St-Zip:	Change () Addition

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.

Title:

Title:

Title:

Name:

Address:

City-St-Zip:

Name:

Address:

City-St-Zip:

Name:

Address:

City-St-Zip:

() Change () Addition

() Change () Addition

() Change () Addition

SIGNATURE: ANISSA D. ANDREWS MGRM 04/07/2009