

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000096425

FILED
May 01, 2009
Secretary of State

Entity Name: REFS(REINSTITUTING THE EXTENDED FAMILY STRUCTURE), EVENT PLANNING LLC

Current Principal Place of Business:

266 OAKVIEW DRIVE
TALLAHASSEE, FL 3305

New Principal Place of Business:

266 OAKVIEW DRIVE
TALLAHASSEE, FL 32305 US

Current Mailing Address:

266 OAKVIEW DRIVE
TALLAHASSEE, FL 3305

New Mailing Address:

266 OAKVIEW DRIVE
TALLAHASSEE, FL 32305 US

FEI Number: 26-3827632 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
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:

FLOYD, CORNELIUS ANN
266 OAKVIEW DRIVE
TALLAHASSEE, FL 3305 US

Name and Address of New Registered Agent:

FLOYD, CORNELIUS ANN
266 OAKVIEW DRIVE
TALLAHASSEE, FL 32305 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: CORNELIUS ANN FLOYD

05/01/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: FLOYD, CORNELIUS ANN
Address: 266 OAKVIEW DRIVE
City-St-Zip: TALLAHASSEE, FL 3305

Title: MGRM () Delete
Name: FLOYD, TAMIKA DENISE
Address: 266 OAKVIEW DRIVE
City-St-Zip: TALLAHASSEE, FL 3305

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: FLOYD, CORNELIUS ANN
Address: 266 OAKVIEW DRIVE
City-St-Zip: TALLAHASSEE, FL 32305

Title: MGRM (X) Change () Addition
Name: FLOYD, TAMIKA DENISE
Address: 266 OAKVIEW DRIVE
City-St-Zip: TALLAHASSEE, FL 32305

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: CORNELIUS ANN FLOYD

MRS.

05/01/2009

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