

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000022592

**FILED**  
**Apr 22, 2010**  
**Secretary of State**

**Entity Name:** DIVINELY ELOQUENT EVENTS & PLANNING LLC

**Current Principal Place of Business:**

1551 SW 87TH WAY  
PEMBROKE PINES, FL 33025 US

**New Principal Place of Business:**

**Current Mailing Address:**

1551 SW 87TH WAY  
PEMBROKE PINES, FL 33025 US

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

HERRING, JEPHNEY M  
1551 SW 87TH WAY  
PEMBROKE PINES, FL 33025 US

**Name and Address of New Registered Agent:**

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: HERRING, JEPHNEY M  
Address: 1551 SW 87TH WAY  
City-St-Zip: PEMBROKE PINES, FL 33025 US

Title: MGRM  
Name: HERRING, LANDON E  
Address: 1551 SW 87TH WAY  
City-St-Zip: PEMBROKE PINES, FL 33025 US

Title: MGRM  
Name: MOISE, NATALIE  
Address: 225 NE 52 STREET  
City-St-Zip: NORTH MIAMI, FL 33162 US

I hereby 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:** JEPHNEY HERRING

MGRM

04/22/2010

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