

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000029451

**FILED**  
**Jan 06, 2010**  
**Secretary of State**

**Entity Name:** ABIDELL EVENT PLANNER- ORGANIZER, LLC

**Current Principal Place of Business:**

4415 FLOOD STREET  
PORT SAINT JOHN, FL 32927 US

**New Principal Place of Business:**

**Current Mailing Address:**

4415 FLOOD STREET  
PORT SAINT JOHN, FL 32927 US

**New Mailing Address:**

P.O. BOX 25673  
FEDERAL WAY, WA 98093 US

**FEI Number:**                      **FEI Number Applied For (X)**                      **FEI Number Not Applicable ( )**                      **Certificate of Status Desired (X)**

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

WHITE, ABIGALE  
4415 FLOOD STREET  
PORT SAINT JOHN, FL 32927 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: MGR  
Name: WHITE, ABIGALE  
Address: 4415 FLOOD STREET  
City-St-Zip: PORT SAINT JOHN, FL 32927 US

Title: MGR  
Name: RAY, RODELL  
Address: 32814 13TH AVENUE SW  
City-St-Zip: FEDERAL WAY, WA 98023 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: RODELL RAY

MGR

01/06/2010

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