

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000110509

Entity Name: TASTEFUL EVENTS L.L.C.

FILED
Apr 10, 2012
Secretary of State

Current Principal Place of Business:

9977 SHADOW CREEK DRIVE
ORLANDO, FL 32832

New Principal Place of Business:

Current Mailing Address:

9977 SHADOW CREEK DRIVE
ORLANDO, FL 32832

New Mailing Address:

FEI Number: 13-1932384

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ELLISON, KENDRICK
9977 SHADOW CREEK DRIVE
ORLANDO, FL 32832 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: ELLISON, KENDRICK
Address: 9977 SHADOW CREEK DRIVE
City-St-Zip: ORLANDO, FL 32832

Title: MGRM
Name: ELLISON, LISA
Address: 9977 SHADOW CREEK DRIVE
City-St-Zip: ORLANDO, FL 32832

Title: MGRM
Name: SIMMONDS, KEVIN L
Address: 10050 RIVERS POINTE DR
City-St-Zip: ORLANDO, FL 32825

Title: MGRM
Name: HERNANDEZ SIMMONDS, LUCY M
Address: 10050 RIVERS POINTE DR
City-St-Zip: ORLANDO, FL 32825

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: KEVIN SIMMONDS

MGRM

04/10/2012

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