

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000028975

**FILED**  
**Apr 24, 2012**  
**Secretary of State**

**Entity Name:** SIGNATURE INSPIRATION WEDDING & EVENTS PLANNERS, LLC

**Current Principal Place of Business:**

8362 PINES BLVD STE 195  
PEMBROKE PINES, FL 33024

**New Principal Place of Business:**

8362 PINES BLVD STE 195  
PEMBROKE PINES, FL 33024 UN

**Current Mailing Address:**

8362 PINES BLVD STE 195  
PEMBROKE PINES, FL 33024

**New Mailing Address:**

8362 PINES BLVD STE 195  
PEMBROKE PINES, FL 33024 UN

**FEI Number:** 27-2149270

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LAW OFFICE OF T. FINDLAY STOKES, P.A.  
1 SW 129TH AVE STE 404  
PEMBROKE PINES, FL 33027 US

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

LAW OFFICE OF T. FINDLAY STOKES, P.A.  
8362 PINES BLVD. STE 270  
PEMBROKE PINES, FL 33025 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: \_\_\_\_\_

Electronic Signature of Registered Agent

04/24/2012

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: THOMPSON, CAMILLE  
Address: 8362 PINES BLVD STE 195  
City-St-Zip: PEMBROKE PINES, FL 33024

Title: MGRM  
Name: ISAAC, MERLENE  
Address: 8362 PINES BLVD STE 195  
City-St-Zip: PEMBROKE PINES, FL 33024

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: CAMILLE THOMPSON

MM

04/24/2012

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