

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000094251

**FILED**  
**Apr 16, 2011**  
**Secretary of State**

**Entity Name:** ALL ABOUT EVENTS - JACKSONVILLE LLC

**Current Principal Place of Business:**

1114 ARDMORE STREET  
ST AUGUSTINE, FL 32092

**New Principal Place of Business:**

4549 ST. AUGUSTINE ROAD  
SUITE 11  
JACKSONVILLE, FL 32207

**Current Mailing Address:**

1114 ARDMORE STREET  
ST AUGUSTINE, FL 32092

**New Mailing Address:**

4549 ST. AUGUSTINE ROAD  
SUITE 11  
JACKSONVILLE, FL 32207

**FEI Number:** 27-3412744

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CROTTO, JEFFREY J  
1114 ARDMORE STREET  
ST AUGUSTINE, FL 32092 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: PRES  
Name: CROTTO, JEFFREY J  
Address: 1114 ARDMORE STREET  
City-St-Zip: ST AUGUSTINE, FL 32092

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: JEFFREY J CROTTO

PRES

04/16/2011

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