

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000125841

**FILED**  
**Feb 28, 2011**  
**Secretary of State**

**Entity Name:** NICOLE SQUARED EVENTS, LLC

**Current Principal Place of Business:**

10342 WILLOW RIDGE LOOP  
ORLANDO, FL 32825

**New Principal Place of Business:**

**Current Mailing Address:**

10342 WILLOW RIDGE LOOP  
ORLANDO, FL 32825

**New Mailing Address:**

**FEI Number:** 27-4411804

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ARLOTTA, NICOLE  
10342 WILLOW RIDGE LOOP  
ORLANDO, FL 32825 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: ARLOTTA, NICOLE  
Address: 10342 WILLOW RIDGE LOOP  
City-St-Zip: ORLANDO, FL 32825

Title: MGR  
Name: GERARDI, NICOLE  
Address: 10361 DYLAN STREET, APT. 1014  
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: NICOLE ARLOTTA

MGR

02/28/2011

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