

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000040490

**FILED**  
**Feb 13, 2012**  
**Secretary of State**

**Entity Name:** HEAVEN EVENT CENTER, LLC

**Current Principal Place of Business:**

8240 EXCHANGE DRIVE  
SUITE CLOUD 9  
ORLANDO, FL 32809

**New Principal Place of Business:**

**Current Mailing Address:**

8240 EXCHANGE DRIVE  
SUITE CLOUD 9  
ORLANDO, FL 32809

**New Mailing Address:**

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

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

LOWMAN, WILLIAM R JR, ESQ  
1000 LEGION PLACE SUITE 1700  
SHUFFIELD, LOWMAN & WILSON P.A.  
ORLANDO, FL 32801 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:** KINGSTONE, BRETT M  
**Address:** 8240 EXCHANGE DRIVE SUITE CLOUD 9  
**City-St-Zip:** ORLANDO, FL 32809

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: BRETT M KINGSTONE                      MGR                      02/13/2012

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