

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000058393

**Entity Name:** EVENTENTS LLC

**Current Principal Place of Business:**

9064 EAGLE NEST DR.  
NAVARRE, FL 32566

**Current Mailing Address:**

9064 EAGLE NEST DR.  
NAVARRE, FL 32566

**FEI Number:** 45-5116643

**Certificate of Status Desired:** Yes

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

STUART, KEVIN  
9064 EAGLE NEST DR..  
NAVARRE, FL 32566 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

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title MGRM  
Name STUART, KEVIN  
Address 1828 BROOKE BEACH DR.  
City-State-Zip: NAVARRE FL 32566

*I hereby certify that the information indicated on this report or supplemental 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; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** KEVIN L. STUART

MGRM

03/11/2013

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date