

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000063914

**FILED**  
**Jan 08, 2008**  
**Secretary of State**

**Entity Name:** KAREN VIVIERS, LLC

**Current Principal Place of Business:**

819 35TH AVENUE DR W  
PALMETTO, FL 342215808

**New Principal Place of Business:**

1180 8TH AVENUE WEST #137  
PALMETTO, FL 342215808

**Current Mailing Address:**

819 35TH AVENUE DR W  
PALMETTO, FL 342215808

**New Mailing Address:**

2825 TERRA CEIA BAY BLVD# 1604  
PALMETTO, FL 342215808

FEI Number: 87-0774575

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SCHAULIN-VIVIERS, KAREN J  
819 35TH AVENUE DR W  
PALMETTO, FL 342215808 US

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

SCHAULIN-VIVIERS, KAREN J  
2825 TERRA CEIA BAY BLVD #1604  
PALMETTO, FL 342215808 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: \_\_\_\_\_

01/08/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: SCHAULIN-VIVIERS, KAREN J  
Address: 819 35TH AVENUE DR W  
City-St-Zip: PALMETTO, FL 342215808

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: SCHAULIN-VIVIERS, KAREN J  
Address: 2825 TERRA CEIA BAY BLVD#1604  
City-St-Zip: PALMETTO, FL 342215808

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: KAREN SCHAULIN-VIVIERS

MGRM

01/08/2008

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