

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N15000007314

**Entity Name:** LIVE LAUGH LOVE GIVE, INC.

**Current Principal Place of Business:**

13791 N.NEBRASKA AVENUE  
TAMPA, FL 33613

**Current Mailing Address:**

13791 N.NEBRASKA AVENUE  
TAMPA, FL 33613 US

**FEI Number: 45-3602098**

**Certificate of Status Desired: No**

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

INCORP SERVICES, INC.  
3458 LAKESHORE DRIVE  
TALLAHASSEE, FL 32312 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

**Officer/Director Detail :**

Title D  
Name BOIRE, JANET L MRS.  
Address 13791 N.NEBRASKA AVENUE  
City-State-Zip: TAMPA FL 33613

Title D  
Name BOIRE, CHRISTOPHER B MR.  
Address 13791 N.NEBRASKA AVENUE  
City-State-Zip: TAMPA FL 33613

Title D  
Name BOIRE, MICHAEL A MR.  
Address 13791 N.NEBRASKA AVENUE  
City-State-Zip: TAMPA FL 33613

Title D  
Name BOIRE, SPENSER L MS.  
Address 13791 N.NEBRASKA AVENUE  
City-State-Zip: TAMPA FL 33613

*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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: JANET L. BOIRE**

**DIRECTOR**

**04/03/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date