

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000008166

**FILED**  
**Jan 27, 2015**  
**Secretary of State**  
**CC0665715792**

**Entity Name:** LIVE OAK COMMERCIAL ASSOCIATES, LLC

**Current Principal Place of Business:**

340 ROYAL POINCIANA WAY  
SUITE 316  
PALM BEACH, FL 33480

**Current Mailing Address:**

340 ROYAL POINCIANA WAY  
SUITE 316  
PALM BEACH, FL 33480 US

**FEI Number:** 06-1680627

**Certificate of Status Desired:** No

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

TSO AGENT SERVICES, LLC  
340 ROYAL POINCIANA WAY  
SUITE 316  
PALM BEACH, FL 33480 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 KOSOY, BRIAN D  
Address 340 ROYAL POINCIANA WAY SUITE 316  
City-State-Zip: PALM BEACH FL 33480

Title MGR  
Name PRESTON, JOHN W.S.  
Address 4650 DONALD ROSS ROAD #200  
City-State-Zip: PALM BEACH GARDENS FL 33418

Title MGR  
Name COSTELLO, VINCENT J  
Address 340 ROYAL POINCIANA WAY SUITE 316  
City-State-Zip: PALM BEACH FL 33480

*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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** BRIAN D KOSOY

**CAITLIN LAZARUS,**  
**ATTORNEY IN FACT**

**01/27/2015**

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

\_\_\_\_\_  
Date