

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000070540

**Entity Name:** LIVE IN CONSTRUCTION, LLC

**Current Principal Place of Business:**

16225 SW 117TH AVE.  
UNIT 2  
MIAMI, FL 33177

**Current Mailing Address:**

16225 SW 117TH AVE.  
UNIT 2  
MIAMI, FL 33177 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

KAUFMAN, BARRY  
16225 SW 117TH AVE.  
UNIT 2  
MIAMI, FL 33177 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           | MGR                           | Title           | MGR                           |
| Name            | KAUFMAN, BARRY                | Name            | HUTCHESON, MARK               |
| Address         | 16225 SW 117TH AVE.<br>UNIT 2 | Address         | 16225 SW 117TH AVE.<br>UNIT 2 |
| City-State-Zip: | MIAMI FL 33177                | City-State-Zip: | MIAMI FL 33177                |

Title MGR  
Name HSS CONSTRUCTION & DESIGN, LLC  
Address 16225 SW 117TH AVE.  
UNIT 2  
City-State-Zip: MIAMI FL 33177

*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:** KAUFMAN BARRY

MGR

04/30/2022

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

\_\_\_\_\_  
Date