FILED
Jun 16, 2003 8:00 am
Secretary of State
05-02-2003 90585 015 ****50.00

LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000032636

1. Entity Name

LIVINGSTONES CONSTRUCTION, LLC

44004586

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	4221 Silver Pine St.
Osceola County	Suite, Apt. #, etc.
City & State	City & State: Kissimmee, FL
Zip / Country	Zip: 34746 Country: Osceola

4. FEI Number: 061685717 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: Lt. Mike Connors LLC

Street Address (P.O. Box Number is Not Acceptable): 4221 Silver Pine ST

City: Kissimmee FL Zip Code: 34746

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: [signature] 4/28/03
Signature, typed or printed name of registered agent and title if applicable. DATE

FEE IS $50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Member Title Steven Michael Milligan President 8413 Nightingale CN Kissimmee, FL 34746
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Louis Julius Goszloth Member Title 2715 Ham Brown Rd V.P. Kissimmee, FL 34746-3415
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Member Title Michael Connors Treas 4221 Silver Pine St Kissimmee, FL 34746
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CR2E033B (12/02)

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: [signature] 4/28/03 4079425582
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #