

# **2009 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000004090

Entity Name: LIVINGSTON FAMILY, LLC

**FILED**  
**Mar 18, 2009**  
**Secretary of State**

**Current Principal Place of Business:**

7289 SW SENATE STREET  
FORT OGDEN, FL 34267

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 184  
FORT OGDEN, FL 34267

**New Mailing Address:**

FEI Number: 01-0783809

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SICA, VINCENT A  
10 S DESOTO AVE STE 101  
ARCADIA, FL 34266 US

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

SICA, VINCENT A  
3036 TAMIAMI TRAIL  
UNIT F  
PORT CHARLOTTE,, FL 33952 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:

03/18/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: THOMAS, BARBARA  
Address: PO BOX 184  
City-St-Zip: FORT OGDEN, FL 34267

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: BARBARA THOMAS

MGR

03/18/2009

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