

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000010156

Entity Name: LIVE OAK FLORIST,LLC

FILED
Apr 12, 2007
Secretary of State

Current Principal Place of Business:

1009 DUVAL STREET N.E.
LIVE OAK, FL 32064 US

New Principal Place of Business:

1433 OHIO AVENUE NORTH
LIVE OAK, FL 32064 US

Current Mailing Address:

1009 DUVAL STREET N.E.
LIVE OAK, FL 32064 US

New Mailing Address:

1433 OHIO AVENUE NORTH
LIVE OAK, FL 32064 US

FEI Number: 20-0713502

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HARTSFIELD, LINDA
1009 DUVAL STREET
LIVE OAK, FL 32064 US

Name and Address of New Registered Agent:

HARTSFIELD, LINDA
1433 OHIO AVENUE NORTH
LIVE OAK, FL 32064 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: LINDA HARTSFIELD

04/12/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: HARTSFIELD, LINDA
Address: 1009 DUVAL STREET
City-St-Zip: LIVE OAK, FL 32064 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: HARTSFIELD, LINDA
Address: 1433 OHIO AVENUE NORTH
City-St-Zip: LIVE OAK, FL 32064 US

I hereby certify that the information supplied with this filing does not qualify for the 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: LINDA HARTSFIELD

OWNE

04/12/2007

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