

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000055473

Entity Name: L.I.S.T. LLC.

**FILED**  
**Jan 08, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

5647 FLORAL AVE  
JACKSONVILLE, FL 32211 US

**New Principal Place of Business:**

**Current Mailing Address:**

5647 FLORAL AVE  
JACKSONVILLE, FL 32211 US

**New Mailing Address:**

FEI Number: 42-1639464

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

LAVI, AMIR  
525 N SHORE DR  
MIAMI BEACH, FL 33141 US

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

LAVI, AMIR  
5647 FLORAL AVE  
JACKSONVILLE, FL 32211 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

01/08/2012

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: LAVI, AMIR  
Address: 5647 FLORAL AVE  
City-St-Zip: JACKSONVILLE, FL 32211 US

Title: MGRM  
Name: LAVI, MEIR  
Address: 525 NORTH SHORE DRIVE  
City-St-Zip: MIAMI BEACH, FL 33141 US

I hereby 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: AMIR LAVI

MGRM

01/08/2012

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