

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
2011
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

11 JAN 11 AM 11:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # L05000023529

1. Limited Liability Company's Name

LIVE OAK LAKE ESTATES LLC

300191011683
01/11/11--01028--004 **138.75
CR2E041 (05/10)

2. Principal Office Address - No P.O. Box #

880 NW 1st Ave

Suite, Apt. #, etc.

City & State

BOCA RATON FL

Zip

Country

33432

USA

3. Mailing Office Address

880 NW 1st Ave

Suite, Apt. #, etc.

City & State

BOCA RATON FL

Zip

Country

33432

USA

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

3/9/05

6. FEI Number

562518796

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Sarka, Michael

Street Address (P.O. Box Number is Not Acceptable)

880 NW 1st Ave

Suite, Apt. #, Etc.

City

BOCA RATON

State

FL

Zip Code

33432

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 1/4/2011

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	Sarka, Michael	880 NW 1st Ave	BOCA RATON FL 33432

11. E-mail Address: Mike C for plants.com

(To be used for future annual report notifications)

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of
Managing Member/Manager

Date 1/4/11

Daytime Phone #

561-644-6917

Typed or printed name of signing Managing Member/Manager

Michael Sarka (MGR)