

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000037863

Entity Name: LITERARY LIFESTYLE, LLC

FILED
Apr 14, 2007
Secretary of State

Current Principal Place of Business:

5740 NW 200 ST
MIAMI LAKES, FL 33015 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 172383
HIALEAH, FL 33017 US

New Mailing Address:

FEI Number: 20-2700699

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILLIAMS, TANYA B
5740 NW 200 ST
MIAMI LAKES, FL 33015 US

Name and Address of New Registered Agent:

THE LAW OFFICES OF JOHANNE FOSTER, LLC
440 SAWGRASS CORPORATE PARKWAY
STE. 100
SUNRISE, FL 33325 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: J. FOSTER

04/14/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: WILLIAMS, TANYA B
Address: 6940 NW 179 STREET, SUITE 401
City-St-Zip: MIAMI LAKES, FL 33015 US

Title: MGR () Delete
Name: LAW/HORN, ARIELLE L
Address: 5740 NW 200 ST
City-St-Zip: HIALEAH, FL 33015 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: WILLIAMS, BELINDA
Address: 5740 NW 200 STREET
City-St-Zip: MIAMI LAKES, FL 33015 US

Title: MGR (X) Change () Addition
Name: WESLEY, SHENAN
Address: 5740 NW 200 ST
City-St-Zip: HIALEAH, FL 33015 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: BELINDA WILLIAMS

MGR

04/14/2007

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