


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000095116	
1. Entity Name LIVINGSTON ENTERPRISES, LLC	

Principal Place of Business 1099 N. W. 110TH AVENUE CHIEFLAND, FL 32626	Mailing Address P. O. BOX 1879 CHIEFLAND, FL 32644
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DO NOT WRITE IN THIS SPACE

FILED
Sep 03, 2008 08:00 AM
Secretary of State



07202008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent BEAUCHAMP, GREGORY V PA P. O. BOX 1129 CHIEFLAND, FL 32644

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008	In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.
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9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LIVINGSTON, LOIS 1099 N. W. 110TH AVENUE CHIEFLAND, FL 32626
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: *Lois Livingston* Lois Livingston 8/28/08 352 279 2401

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE, Date Daytime Phone #