

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000036675

Entity Name: KATES-LIVINGSTON, LLC

**FILED**  
**Apr 19, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

19111 COLLINS AVENUE  
APT. # 3004  
SUNNY ISLES BEACH, FL 33160 US

**New Principal Place of Business:**

**Current Mailing Address:**

19111 COLLINS AVENUE  
APT. # 3004  
SUNNY ISLES BEACH, FL 33160 US

**New Mailing Address:**

FEI Number: 20-4758331

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

KATES, NEHAMA S  
19111 COLLINS AVENUE  
APT. # 3004  
SUNNY ISLES BEACH, FL 33160 US

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

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

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: KATES, NEHAMA S  
Address: 19111 COLLINS AVENUE, APT. # 3004  
City-St-Zip: SUNNY ISLES BEACH, FL 33160 US

Title: MGRM  
Name: LIVINGSTON, MICHELE  
Address: 19111 COLLINS AVENUE, APT. # 3004  
City-St-Zip: SUNNY ISLES BEACH, FL 33160 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: NEHAMA KATES

MGRM

04/19/2011

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