

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000088619

Entity Name: LIVEIT LAB LLC

FILED
Mar 23, 2009
Secretary of State

Current Principal Place of Business:

315 S DIXIE HWY STE 203
WEST PALM BEACH, FL 33401

New Principal Place of Business:

4047 OKEECHOBEE BLVD
SUITE 103
WEST PALM BEACH, FL 33409

Current Mailing Address:

315 S DIXIE HWY STE 203
WEST PALM BEACH, FL 33401

New Mailing Address:

4047 OKEECHOBEE BLVD
SUITE 103
WEST PALM BEACH, FL 334019

FEI Number: 20-3673616

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GARCHELIN, JOHNNY
11420 BLUE VIOLET LANE
ROYAL PALM BEACH, FL 33411 US

Name and Address of New Registered Agent:

DONALD, MAXWELL
2610 ARBOR LANE
ROYAL PALM BEACH, FL 33411 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: DONALD MAXWELL

03/23/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MAXWELL, DONALD MR.
Address: 2610 ARBOR LANE
City-St-Zip: ROYAL PALM BEACH, FL 33411

Title: MGRM () Delete
Name: GARCHELIN, JOHNNY MR.
Address: 11420 BLUE VIOLET LANE
City-St-Zip: ROYAL PALM BEACH, FL 33411

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: DONALD MAXWELL

MGRM

03/23/2009

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