

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000099732

**FILED**  
**Jan 09, 2012**  
**Secretary of State**

**Entity Name:** LIVING ON THE EDGE, LLC

**Current Principal Place of Business:**

15252 SE 140TH AVENUE ROAD  
WEIRSDALE, FL 32195

**New Principal Place of Business:**

**Current Mailing Address:**

15252 SE 140TH AVENUE ROAD  
WEIRSDALE, FL 32195

**New Mailing Address:**

**FEI Number:** 20-5745626

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SHUTE, LORRAINE M  
15252 SE 140TH AVENUE ROAD  
WEIRSDALE, FL 34471 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:** VP  
**Name:** BRIGGS, BO  
**Address:** 14440 SE 131ST PLACE  
**City-St-Zip:** OCKLAWAHA, FL 32179

**Title:** DR  
**Name:** BLOOMER, BOB  
**Address:** 10325 SE 144TH PLACE  
**City-St-Zip:** SUMMERFIELD, FL 34491

**Title:** DR  
**Name:** DARBY, JOHN F  
**Address:** 1500 SE 17TH STREET BLDG 500  
**City-St-Zip:** OCALA, FL 34471

**Title:** MR  
**Name:** MILLER, JOSH  
**Address:** 65 E TOMOKA PLACE  
**City-St-Zip:** SUMMERFIELD, FL 34491

**Title:** MR  
**Name:** GARRETT, ERIC  
**Address:** 8486 SE 71ST STREET  
**City-St-Zip:** OCALA, FL 34472

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:** LORRAINE M SHUTE

MS

01/09/2012

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