

FILED  
Apr 12, 2007 8:00 am  
Secretary of State

04-12-2007 90183 044 \*\*\*\*50.00

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

DOCUMENT # L06000105682

1. Entity Name  
LIVE OAKS POINT, LLC



Principal Place of Business  
320 W. HENRY STREET  
C/O NICOLE PLUMMER  
PUNTA GORDA, FL 33950

Mailing Address  
320 W. HENRY STREET  
C/O NICOLE PLUMMER  
PUNTA GORDA, FL 33950

60035557



02262007 Chg-LLC CR2E083 (12/06)

4. FEI Number  
20-8286685

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PLUMMER, NICOLE  
320 W. HENRY STREET  
PUNTA GORDA, FL 33950

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00  
Due by May 1, 2007

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGR  
PLUMMER, NICOLE  
320 W. HENRY STREET  
PUNTA GORDA, FL 33950 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

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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:

*Nicole Plummer*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

3/25/07 305 798 1684

Date

Daytime Phone #