

# 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000110147

Entity Name: LIVIN' THE DREAM, LLC

**FILED**  
**Oct 13, 2009**  
**Secretary of State**

**Current Principal Place of Business:**

122 BLOOMFIELD ST.  
BSMT  
HOBOKEN, NJ 07030

**New Principal Place of Business:**

**Current Mailing Address:**

122 BLOOMFIELD ST.  
BSMT  
HOBOKEN, NJ 07030

**New Mailing Address:**

FEI Number: 20-5926490      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

MAYNARD, KEITH L  
1944 E LYMINGTON WAY  
ST AUGUSTINE, FL 32084      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: KEITH MAYNARD

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: MAYNARD, DARREN  
Address: 122 BLOOMFIELD ST, BSMT  
City-St-Zip: HOBOKEN, NJ 07030

**ADDITIONS/CHANGES:**

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: DARREN MAYNARD

MGR

10/13/2009

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