

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000040771

Entity Name: LIFESTYLE MOVING LLC

**FILED**  
**Jan 05, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

ONE GROVE ISLE DRIVE, APT 804  
COCONUT GROVE, FL 33133

**New Principal Place of Business:**

**Current Mailing Address:**

ONE GROVE ISLE DRIVE, APT 804  
COCONUT GROVE, FL 33133

**New Mailing Address:**

ONE GROVE ISLE DRIVE  
#804  
COCONUT GROVE, FL 33133

FEI Number: 56-2655029

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

WOLFSDORF, JACK DR  
ONE GROVE ISLE DRIVE, APT 804  
COCONUT GROVE, FL 33133 US

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

WOLFSDORF, BARBARA  
ONE GROVE ISLE DRIVE, APT 804  
COCONUT GROVE, FL 33133 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: BARBARA WOLFSDORF

01/05/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: WOLFSDORF, BARBARA  
Address: ONE GROVE ISLE DRIVE, APT 804  
City-St-Zip: COCONUT GROVE, FL 33133

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: BARBARA WOLFSDORF

MGR

01/05/2010

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