

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000067740

Entity Name: LIVE4LIFE, LLC

FILED  
Apr 07, 2008  
Secretary of State

## Current Principal Place of Business:

1039 THOUSAND OAKS BLVD  
DAVENPORT, FL 33896 US

## New Principal Place of Business:

103 BREEZY OAKS CT  
DAVENPORT, FL 33896 US

## Current Mailing Address:

PO BOX 1075  
SOUTH CASCO, ME 04077 US

## New Mailing Address:

103 BREEZY OAKS CT  
DAVENPORT, FL 33896 US

FEI Number: 20-5577025

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

TROUTT, JOHN  
1039 THOUSAND OAKS BLVD  
DAVENPORT, FL 33896 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: MGR ( ) Delete  
Name: FERGUSON, KIMBERLY A  
Address: PO BOX 1075  
City-St-Zip: SOUTH CASCO, ME 04077 US

Title: MGR ( ) Delete  
Name: FERGUSON, PAUL  
Address: PO BOX 1075  
City-St-Zip: SOUTH CASCO, ME 04077 US

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: FERGUSON, KIMBERLY A  
Address: 103 BREEZY OAKS CT  
City-St-Zip: DAVENPORT, FL 33896 US

Title: MGR (X) Change ( ) Addition  
Name: FERGUSON, PAUL  
Address: 103 BREEZY OAKS CT  
City-St-Zip: DAVENPORT, FL 33896 US

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: PAUL FERGUSON

MGR

04/07/2008

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