

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000050316

**FILED**  
**Apr 15, 2009**  
**Secretary of State**

**Entity Name:** LIVING STYLES OF FLORIDA LLC

**Current Principal Place of Business:**

1083 NORTH COLLIER BLVD  
#344  
MARCO ISLAND, 34145

**New Principal Place of Business:**

561 SOUTH COLLIER BLVD  
MARCO ISLAND, FL 34145

**Current Mailing Address:**

1083 NORTH COLLIER BLVD  
#344  
MARCO ISLAND, 34145

**New Mailing Address:**

561 SOUTH COLLIER BLVD  
MARCO ISLAND, FL 34145

**FEI Number:** 26-2743698

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MUNOZ, MARION  
1083 NORTH COLLIER BLVD  
UNIT 332  
MARCO ISLAND, FL 34145 US

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

MUNOZ, MARION  
561 SOUTH COLLIER BLVD  
MARCO ISLAND, FL 34145 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: MARION MUNOZ

04/15/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: PRES ( ) Change (X) Addition  
Name: MUNOZ, MARION PRES  
Address: 561 SOUTH COLLIER BLVD  
City-St-Zip: MARCO ISLAND, FL 34145 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: MARION MUNOZ

PRES

04/15/2009

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