

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000050316

**FILED**  
**Feb 03, 2011**  
**Secretary of State**

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

**Current Principal Place of Business:**

561 SOUTH COLLIER BLVD  
MARCO ISLAND, FL 34145

**New Principal Place of Business:**

**Current Mailing Address:**

561 SOUTH COLLIER BLVD  
MARCO ISLAND, FL 34145

**New Mailing Address:**

**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  
561 SOUTH COLLIER BLVD  
MARCO ISLAND, FL 34145 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:** PRES  
**Name:** MUNOZ, MARION PRES  
**Address:** 561 SOUTH COLLIER BLVD  
**City-St-Zip:** MARCO ISLAND, FL 34145 US

**Title:** SECR  
**Name:** PEREZ, MAUDE SECR  
**Address:** 561 SOUTH COLLIER BLVD  
**City-St-Zip:** MARCO ISLAND, FL 34145

**Title:** TREA  
**Name:** PEREZ, MONICA TREA  
**Address:** 561 SOUTH COLLIER BLVD  
**City-St-Zip:** MARCO ISLAND, FL 34145

**Title:** VICE  
**Name:** PEREZ, NIVIA VICE  
**Address:** 561 SOUTH COLLIER BLVD  
**City-St-Zip:** MARCO ISLAND, FL 34145

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:** MM

PRES

02/03/2011

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