

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000080975

**FILED**  
**May 06, 2011**  
**Secretary of State**

**Entity Name:** LIVING IN FIRST EXPERIENCE, LLC

**Current Principal Place of Business:**

5309 E NANCY STREET  
TAMPA, FL 33617

**New Principal Place of Business:**

**Current Mailing Address:**

5309 E NANCY STREET  
TAMPA, FL 33617

**New Mailing Address:**

**FEI Number:** 80-0240404

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

AZEKIEL, SHOMBAY D  
5309 E NANCY STREET  
TAMPA, FL 33617 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: P  
Name: AZEKIEL, SHOMBAY D  
Address: 5309 E NANCY STREET  
City-St-Zip: TAMPA, FL 33617

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: SDA

P

05/06/2011

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