

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000090034

FILED
Jul 02, 2009
Secretary of State

Entity Name: EXCESSIVE LIFE, LLC

Current Principal Place of Business:

10263 BEACH BLVD.
JACKSONVILLE, FL 32246 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 17732
JACKSONVILLE, FL 32245

New Mailing Address:

FEI Number: 26-3399788 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

GREEN, WYATT P
8862 ROSE HILL DR S
JACKSONVILLE, FL 32221 US

Name and Address of New Registered Agent:

BILL, MCCORMICK
10007 SAWGRASS DR EAST
PONTE VEDRA, FL 32082 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: BILL MCCORMICK

07/02/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: MCCORMICK, BILL
Address: PO BOX 17732
City-St-Zip: JACKSONVILLE, FL 32245

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

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: MCCORMICK, BILL
Address: PO BOX 17732
City-St-Zip: JACKSONVILLE, FL 32245

Title: MGRM () Change (X) Addition
Name: LEE, CHRISTOPHER V
Address: 8451 GATE PARKWAY WEST #420
City-St-Zip: JACKSONVILLE, FL 32216

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: BILL MCCORMICK

MGRM

07/02/2009

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