

# **2010 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L09000013759

**FILED**  
**Oct 07, 2010**  
**Secretary of State**

**Entity Name:** 3 DAYS LIVE LLC

**Current Principal Place of Business:**

507 EAST ST  
LONGWOOD, FL 32750

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 520385  
LONGWOOD, FL 32752

**New Mailing Address:**

**FEI Number:** 80-0376014

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PASCHALL, WILLIAM H  
507 EAST ST  
LONGWOOD, FL 32750 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:** MGRM  
**Name:** PASCHALL, WILLIAM H  
**Address:** 507 EAST ST  
**City-St-Zip:** LONGWOOD, FL 32750

**Title:** MGRM  
**Name:** PASCHALL, DEBORAH J  
**Address:** 507 EAST ST  
**City-St-Zip:** LONGWOOD, FL 32750

**Title:** MGRM  
**Name:** HUDSON, ERIC T  
**Address:** 507 EAST ST  
**City-St-Zip:** LONGWOOD, FL 32750

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:** WILLIAM H PASCHALL

MGRM

10/07/2010

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