

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000022811

**FILED**  
**Apr 19, 2011**  
**Secretary of State**

**Entity Name:** LIVE OAK ENDEAVORS, L.L.C.

**Current Principal Place of Business:**

125 LOST BRIDGE DRIVE  
PALM BEACH GARDENS, FL 33410

**New Principal Place of Business:**

**Current Mailing Address:**

125 LOST BRIDGE DRIVE  
PALM BEACH GARDENS, FL 33410

**New Mailing Address:**

1740 SW SALINT LUCIE WEST  
218  
PORT SAINT LUCIE, FL 34986

**FEI Number:** 80-0302456

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SALMON, SHANNON  
125 LOST BRIDGE DRIVE  
PALM BEACH GARDENS, FL 33410 US

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

SALMON, SHANNON  
1740 SW SAINT LUCIE WEST  
218  
PORT SAINT LUCIE, FL 334986 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:

04/19/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: PRES  
Name: SALMON, SHANNON  
Address: 8933 FIRST TEE RD  
City-St-Zip: PORT SAINT LUCIE, FL 34986

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: SHANNON R SALMON

PRES

04/19/2011

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