

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000037733

**FILED**  
**Apr 30, 2012**  
**Secretary of State**

**Entity Name:** LIVE CURLY LIVE FREE, LLC

**Current Principal Place of Business:**

2622 48TH STREET SOUTH  
GULFPORT, FL 33711

**New Principal Place of Business:**

**Current Mailing Address:**

2622 48TH STREET SOUTH  
GULFPORT, FL 33711

**New Mailing Address:**

**FEI Number:** 26-4740249

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ANDERSON, TIFFANY  
2622 48TH STREET SOUTH  
GULFPORT, FL 33711 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:** ANDERSON, TIFFANY  
**Address:** 2622 48TH STREET SOUTH  
**City-St-Zip:** GULFPORT, FL 33711

**Title:** MGRM  
**Name:** TAYLOR, DONNA K  
**Address:** 2622 48TH STREET SOUTH  
**City-St-Zip:** GULFPORT, FL 33711

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:** TIFFANY E ANDERSON

MS.

04/30/2012

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