

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000039093

Entity Name: GIVEORTAKEAJOB, LLC

**FILED**  
**May 18, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

2700 S. TAMIAMI TR. #15  
SARASOTA, FL 34239

**New Principal Place of Business:**

**Current Mailing Address:**

2700 S. TAMIAMI TR. #15  
SARASOTA, FL 34239

**New Mailing Address:**

FEI Number: 27-0375232      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:**

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

CARMEN LUBBECKE, PA  
4411 BEE RIDGE RD. #223  
SARASOTA, FL 34233 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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: LESEMANN, PAMELA  
Address: 2700 S. TAMIAMI TR. #15  
City-St-Zip: SARASOTA, FL 34239

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: PAMELA L. LESEMANN

MGRM

05/18/2010

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