

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000052858

**FILED**  
**Feb 05, 2012**  
**Secretary of State**

**Entity Name:** MYBLOOD INTERNATIONAL LLC

**Current Principal Place of Business:**

14767 94TH PATH  
LIVE OAK, FL 32060

**New Principal Place of Business:**

11915 116TH TER LIVE OAK, FL  
LIVE OAK, FL 32060

**Current Mailing Address:**

PO BOX 202  
LIVE OAK, FL 32064

**New Mailing Address:**

11915 116TH TER LIVE OAK, FL  
LIVE OAK, FL 32060

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired (X)**

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

SPICER, PAUL MR  
11915 116TH TER LIVE OAK, FL 32060-6709  
LIVE OAK, FL 32060 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: MGR  
Name: CARROLL, DAVID  
Address: 11915 116TH TER LIVE OAK,  
City-St-Zip: LIVE OAK, FL 32060

Title: MGR  
Name: CARROLL, ANNE  
Address: 11915 116TH TER LIVE OAK,  
City-St-Zip: LIVE OAK, FL 32060

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: DAVID CARROLL

MGR

02/05/2012

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