

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000004800

Entity Name: LIVOUT, LLC

**FILED**  
**Apr 28, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

3780 S. CLYDE MORRIS BLVD  
APT # 906  
PORT ORANGE, FL 32129 US

**New Principal Place of Business:**

**Current Mailing Address:**

600 S. CLYDE MORRIS BLVD  
PO BOX 145605  
DAYTONA BEACH, FL 32114 US

**New Mailing Address:**

FEI Number: 27-2002662

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ACOSTA, CESAR W  
3780 S. CLYDE MORRIS BLVD.  
APT. # 906  
PORT ORANGE, FL 32129 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: ACOSTA, CESAR W  
Address: 600 S. CLYDE MORRIS BLVD. ERAU #145605  
City-St-Zip: DAYTONA BEACH, FL 32114 US

Title: MGRM  
Name: LAHENS, JAIR A  
Address: 875 DERBYSHIRE RD. APT# 282  
City-St-Zip: DAYTONA BEACH, FL 32114 US

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: CESAR WILKINS ACOSTA

MGRM

04/28/2011

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