

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000057252

**FILED**  
**May 01, 2011**  
**Secretary of State**

**Entity Name:** ENT LIVE L.L.C.

**Current Principal Place of Business:**

6727 S. LOIS AVE  
404  
TAMPA, FL 33616 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 552274  
CAROL CITY, FL 33055 US

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For (X)**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WILLIAMS, MONIQUE L  
6727 S. LOIS AVENUE  
404  
TAMPA, FL 33616 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: THOMPSON, TOMMY  
Address: 19755 N.W. 33RD CT.  
City-St-Zip: MIAMI GARDENS, FL 33056 US

Title: MGRM  
Name: GOODMAN, DEVON  
Address: 19755 N.W. 33RD CT.  
City-St-Zip: MIAMI GARDENS, FL 33056 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:** MONIQUE WILLIAMS

MGRM

05/01/2011

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