

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000101192

Entity Name: FLORIDALIFESTYLE.ORG, LLC

**FILED**  
**Mar 03, 2011**  
**Secretary of State**

## **Current Principal Place of Business:**

536 HARRISWOOD CT.  
DAVENPORT, FL 33837

## **New Principal Place of Business:**

4700 MILLENNIA BVD  
SUITE 175  
ORLANDO, FL 32837

## **Current Mailing Address:**

536 HARRISWOOD CT.  
DAVENPORT, FL 33837

## **New Mailing Address:**

4700 MILLENNIA BVD  
SUITE 175  
ORLANDO, FL 32837

FEI Number: 27-4710051

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MACRAE, GARRY  
536 HARRISWOOD CT.  
DAVENPORT, FL 33837 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: MACRAE, GARRY  
Address: 536 HARRISWOOD CT.  
City-St-Zip: DAVENPORT, FL 33837

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: GARRY MACRAE

MGR

03/03/2011

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