

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000107092

Entity Name: LIVING LIFESTYLES, LLC

**FILED**  
**Jan 07, 2012**  
**Secretary of State**

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

10935 SE 177TH PLACE STE 301  
SUMMERFIELD, FL 34491

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

10935 SE 177TH PLACE  
SUITE 301  
SUMMERFIELD, FL 34491

## **Current Mailing Address:**

10935 SE 177TH PLACE STE 301  
SUMMERFIELD, FL 34491

## **New Mailing Address:**

10935 SE 177TH PLACE  
SUITE 301  
SUMMERFIELD, FL 34491

FEI Number: 27-3979677

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SWIGERT, BRETT L  
1231 COUNTY ROAD 452  
EUSTIS, FL 32726 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: MEMB  
Name: TROUP, JOHN F  
Address: 10935 SE 177TH PL, STE 301  
City-St-Zip: SUMMERFIELD, FL 34491

Title: MEMB  
Name: DORRELL, JEAN ANN  
Address: 10935 SE 177TH PL, STE 301  
City-St-Zip: SUMMERFIELD, FL 34491

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: JOHN TROUP

MEMB

01/07/2012

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