

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000111020

Entity Name: LIVEMORE3, LLC

**FILED**  
**Apr 01, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

207 9TH AVENUE NORTH  
APT. 27  
JACKSONVILLE BEACH, FL 32250

**New Principal Place of Business:**

**Current Mailing Address:**

207 9TH AVENUE NORTH  
APT. 27  
JACKSONVILLE BEACH, FL 32250

**New Mailing Address:**

FEI Number: 45-3585360

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MOORE, LINDA M  
207 9TH AVENUE NORTH  
APT 27  
JACKSONVILLE BEACH, FL 32250 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: MAHARAJ, LINDA R  
Address: 207 9TH AVENUE NORTH  
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: MGRM  
Name: BLAKE, HERB-DAVID  
Address: 207 9TH AVENUE NORTH  
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: MGRM  
Name: MOORE, FRANKLYN  
Address: 325 MADISON AVENUE  
City-St-Zip: BRANDENBURG, KY 40108

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: LINDA MOORE

MRGM

04/01/2012

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