

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000112458

Entity Name: ILIVE4THEWEEKEND.COM LLC

**FILED**  
**Feb 24, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

10225 ARBOR RIDGE TRAIL  
ORLANDO, FL 32817 US

**New Principal Place of Business:**

**Current Mailing Address:**

10225 ARBOR RIDGE TRAIL  
ORLANDO, FL 32817 US

**New Mailing Address:**

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

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

KING, DEVIN K  
10225 ARBOR RIDGE TRAIL  
ORLANDO, FL 32817 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: KING, DEVIN K  
Address: 10225 ARBOR RIDGE TRAIL  
City-St-Zip: ORLANDO, FL 32817 US

Title: MGR  
Name: WELLS, JACK C II  
Address: 12074 FOUNTAINBROOK BLVD. APPT. 1044  
City-St-Zip: ORLANDO, FL 32825 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: DEVIN KING

MGR

02/24/2012

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