## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 28, 2008 08:00 AN Secretary of State

ANNUAL REPORT						
DOCUMENT # P0300 1. Entity Name L&L LIVING LIFE AT IT'S BE						
Principal Place of Business 11967-108 AVE N LARGO, FL 33778	Mailing Address 11967 108 AVE N LARGO, FL 33778					
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Principal Plac 11967 108 LARGO, FL 3	AVÉ N	Aailing Address 11967 108 AVE N LARGO, FL 33778		 	1818k (1)11 88(1) 88(1) 48(1)	88   88   111   111   111   111   111   111   111   111   111   111   111   111   111   111   111   111   111	<b>. 18</b> 11 <b>14</b> 11 <b>11</b> 11 14 <b>126</b> 1		
				03312008	No Chg-P	CR2E034 (1	1/05)		
DO NOT WRITE IN THIS SPACE			CE	4. FEI Number Applied For					
				06-1686		_ \$8	Not Applicable  75 Additional		
· <u> </u>	6. Name and Address of Current Regi	etered Areat	<u> </u>	5. Certificate o	of Status Desired		Required		
		stered Agent							
SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST.			, ,	DO NOT WRITE					
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MIAMI, FL	33145				BILD OF	JOL			
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	named entity submits this statement for the ions of registered agent.	purpose of changing its register	ed office or register	ed agent, or both	i, in the State of Flori	da. I am familis	ar with, and accept		
SIGNATURE.									
	Signature, typed or printed name of registered again and title	of applicable (NOTE, Registere	d Agent signature required	(when reinstating)		DATE			
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Finar     Trust Fund Contribution	~ <b>~~</b>	00 May Be ed to Fees					
10.	OFFICERS AND DIRE	CTORS	$r_{i}$	7.0	3 8				
TITLE	PSTD								
NAMÉ STREET ADDRÉSS	MULLEN, LINDA M 11967 108 AVE N				3		,		
CITY-ST-ZIP	LARGO, FL 33778		· .		•				
TITLE			<b>f</b>		U00'000:	927145			
NAME STREET ADDRESS				•	05/20/08-		1 150.00		
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MY-ST-ZIP	·	· <u></u>		<u> </u>	·	1			
2. I hereby c	ertify that the information supplied with this f	iling does not qualify for the exe	imptions contained	in Chapter 119, I	Florida Statutes. I fu	rther certify that	t the information		

Thereby certify that the information supplied with this filing does not quality for the exemptions contained in Chapter (19, Florida Statutes, I further certify that the information indicated on this report or suppliemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR OR PRINTED NAME OF SIGNING OFFICER OR OR OFFICER OR

4/33/08 Date Dayum

Davume Phone #