

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N20000007876

**Entity Name:** LIVE CDC INC

**Current Principal Place of Business:**

12227 ROUEN COVE DRIVE  
SUITE 34  
JACKSONVILLE, FL 32226

**Current Mailing Address:**

12227 ROUEN COVE DRIVE  
SUITE 34  
JACKSONVILLE, FL 32226 US

**FEI Number:** 85-1907827

**Certificate of Status Desired:** Yes

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

PULLINGS, RANDY S  
12227 ROUEN COVE DRIVE  
SUITE 34  
JACKSONVILLE, FL 32226 US

*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

**Officer/Director Detail :**

Title P  
Name PULLINGS, RANDY S  
Address 12227 ROUEN COVE DR  
City-State-Zip: JACKSONVILLE FL 32226

Title T  
Name PULLINGS, KIMBERLEY A  
Address 12227 ROUEN COVE DR  
City-State-Zip: JACKSONVILLE FL 32226

Title S  
Name PULLINGS, KIMBERLEY A  
Address 12227 ROUEN COVE DR  
City-State-Zip: JACKSONVILLE FL 32226

Title D  
Name PAUL, WILLIAM  
Address 3348 PEACHTREE ROAD NE SUITE  
700 - #778  
City-State-Zip: ATLANTA GA 30326

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** RANDY PULLINGS

**PRESIDENT**

**05/06/2021**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date