

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F47780

**Entity Name:** LIVINGSTON LOEFFLER, P.A.

**Current Principal Place of Business:**

963 TRAIL TERRACE DR.  
NAPLES, FL 34103

**Current Mailing Address:**

963 TRAIL TERRACE DR.  
NAPLES, FL 34103 US

**FEI Number:** 59-2127358

**Certificate of Status Desired:** No

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

LIVINGSTON, EDWARD M  
963 TRAIL TERRACE DR.  
NAPLES, FL 34103 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 PD  
Name LIVINGSTON, EDWARD M  
Address 963 TRAIL TERRACE DR.  
City-State-Zip: NAPLES FL 34103

Title SECRETARY  
Name LOEFFLER, BRYAN L  
Address 963 TRAIL TERRACE DR.  
City-State-Zip: NAPLES FL 34103

Title VP  
Name LOEFFLER, ERICA L  
Address 963 TRAIL TERRACE DR.  
City-State-Zip: NAPLES FL 34103

Title TREASURER  
Name LIVINGSTON, DIANNE M  
Address 963 TRAIL TERRACE DR.  
City-State-Zip: NAPLES FL 34103

*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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** EDWARD M. LIVINGSTON

PD

02/25/2015

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

\_\_\_\_\_  
Date