

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P12000101465

**Entity Name:** LIVJAXDAN, INC.

**Current Principal Place of Business:**

125 E. LIME STREET  
TARPON SPRINGS, FL 34689

**Current Mailing Address:**

125 E. LIME STREET  
TARPON SPRINGS, FL 34689 US

**FEI Number:** 35-2463021

**Certificate of Status Desired:** No

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

MILLER, JASON B  
125 E. LIME STREET  
TARPON SPRINGS, FL 34689 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 DPST  
Name MILLER, JASON B  
Address 10453 PEPPERGRASS COURT  
City-State-Zip: TRINITY FL 34655

Title D  
Name MILLER, JENNIFER B  
Address 10453 PEPPERGRASS COURT  
City-State-Zip: TRINITY FL 34655

*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:** JASON MILLER

**PRESIDENT**

**04/26/2017**

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

\_\_\_\_\_  
Date