

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000112742

Entity Name: LIVINGPROOFLIFEMINISTRIES, LLC**Current Principal Place of Business:**2174 ORCHARD PARK DR
SPRING HILL, FL 34608**Current Mailing Address:**2174 ORCHARD PARK DR
SPRING HILL, FL 34608 US**FEI Number:** 30-0713985**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**GUNN, PARRIS
2174 ORCHARD PARK DR
SPRING HILL, FL 34608 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**Authorized Person(s) Detail :**

Title MGRM
Name SULLIVAN, JAMES
Address 9702 UNIVERSAL BLVD 215
City-State-Zip: ORLANDO FL 32819

Title MGRM
Name GUNN, LAVERNE
Address 2174 ORCHARD PARK DR
City-State-Zip: SPRING HILL FL 34608

Title MGRM
Name GUNN, PARRIS
Address 2174 ORCHARD PARK DR
City-State-Zip: SPRING HILL FL 34608

Title MGRM
Name GUNN JR, PARRIS
Address 2003 LAKE ALDEN DR
City-State-Zip: APOPKA FL 32712

Title MGRM
Name GUNN, RONOLIA
Address 2003 LAKE ALDEN DR
City-State-Zip: APOPKA FL 32712

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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: PARRIS GUNN**MANAGER****04/30/2019**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date