

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000198215

Entity Name: LIV NEWLIFE LLC

Current Principal Place of Business:

15565 NORTHLAND DR
SUITE 806W
TOUTHFIELD , MI 48075

Current Mailing Address:

15565 NORTHLAND DR
SUITE 806W
TOUTHFIELD , MI 48075 US

FEI Number: 32-0579846

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MISCHKE, ALISON
631 U.S. HIGHWAY ONE
SUITE 309
NORTH PALM BEACH, FL 33408 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: MISCHKE ALISON

03/02/2025

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title AMBR
Name VINCENT, ISABELLE
Address 4 BIS RUE DES BONS ENFANTS
City-State-Zip: CAEN 14000

Title AMBR
Name VINCENT, CELINE
Address 4 BIS RUE DES BONS ENFANTS
City-State-Zip: CAEN 14000

Title AMBR
Name VINCENT, LEONORE
Address 68 RUE DE BAYEUX
City-State-Zip: CAEN 14000

Title AMBR
Name VINCENT, MATHIEU
Address 4 BIS RUE DES BONS ENFANTS
City-State-Zip: CAEN 14000

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: ISABELLE VINCENT

MEMBER

03/02/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date