

**2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000077575

**FILED  
Apr 18, 2011  
Secretary of State**

**Entity Name:** LIFEBLOOD SOLUTIONS LLC.

**Current Principal Place of Business:**

8009 RURAL RETREAT CT  
ORLANDO, FL 32819

**New Principal Place of Business:**

**Current Mailing Address:**

8009 RURAL RETREAT CT  
ORLANDO, FL 32819

**New Mailing Address:**

**FEI Number:** 80-0632882      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

STIMMEL, MONTE  
8009 RURAL RETREAT CT  
ORLANDO, FL 32819    US

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

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

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR  
**Name:** STIMMEL, BONNIE  
**Address:** 8009 RURAL RETREAT CT  
**City-St-Zip:** ORLANDO, FL 32819

I hereby certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: MONTE STIMMEL      PRES      04/18/2011

\_\_\_\_\_ Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date