

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000124983

**FILED**  
**Apr 25, 2012**  
**Secretary of State**

**Entity Name:** LIFEFORCE GROUP, "LLC"

**Current Principal Place of Business:**

262 SOUTH MILITARY TRAIL  
DEERFIELD BEACH, FL 33442

**New Principal Place of Business:**

262 SOUTH MILITARY TRAIL  
DEERFIELD BEACH, FL 33442 US

**Current Mailing Address:**

P O BOX 4504  
DEERFIELD BEACH, FL 334424504

**New Mailing Address:**

P O BOX 4504  
DEERFIELD BEACH, FL 334424504 US

FEI Number: 45-3725928

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SCHENKER, MONROE H  
7766 LA CORNICHE CIRCLE  
BOCA RATON, FL 334336008 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: CEO  
Name: SCHENKER, MONROE H  
Address: P O BOX 4504  
City-St-Zip: DEERFIELD BEACH, FL 334424504

Title: STD  
Name: SCHENKER, BARBARA P  
Address: P O BOX 4504  
City-St-Zip: DEERFIELD BEACH, FL 334424504

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: MONROE H SCHENKER

CEO

04/25/2012

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