

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000134984

**FILED**  
**Apr 10, 2012**  
**Secretary of State**

**Entity Name:** METAMORPHOSIS LIFE REVITALIZING CENTER, LLC

**Current Principal Place of Business:**

200 9TH AVENUE NORTH, SUITE 211  
SAFETY HARBOR, FL 34695

**New Principal Place of Business:**

9225 ULMERTON ROAD  
306  
LARGO, FL 33771

**Current Mailing Address:**

200 9TH AVENUE NORTH, SUITE 211  
SAFETY HARBOR, FL 34695

**New Mailing Address:**

9225 ULMERTON ROAD  
306  
LARGO, FL 33771

**FEI Number:** 45-2936974

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

JAMES, MICHAEL L JR.  
1964 LAKE ATRIUMS CIRCLE #168  
ORLANDO, FL 32839 US

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

JAMES, MICHAEL L JR.  
7469 TERRACE RIVER DRIVE  
TEMPLE TERRACE, FL 33637 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:

04/10/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: JAMES, MICHAEL L JR.  
Address: 7469 TERRACE RIVER DRIVE  
City-St-Zip: TEMPLE TERRACE, FL 33637

Title: MGR  
Name: JACKSON-JAMES, APRIL M  
Address: 7469 TERRACE RIVER DRIVE  
City-St-Zip: TEMPLE TERRACE, FL 33637

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: APRIL M. JACKSON-JAMES

MGR

04/10/2012

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