

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90037 036 ****50.00

DOCUMENT # L04000004620

1. Entity Name
SHARE LIFE LTD. CO.



Principal Place of Business
**5537 LEHIGH AVENUE, UNIT 9A
ORLANDO, FL 32807**

Mailing Address
**5537 LEHIGH AVENUE, UNIT 9A
ORLANDO, FL 32807**



2. Principal Place of Business
5950 Yucatan DR
Suite, Apt. #, etc.

3. Mailing Address
5950 Yucatan DR
Suite, Apt. #, etc.

04082006 Chg-LLC CR2E083 (11/05)

City & State
ORLANDO, FL
Zip
32807
Country
U.S.

City & State
ORLANDO FL
Zip
32807
Country
U.S.

4. FEI Number
52-2441099
Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

ASIS, EASTER
5537 LEHIGH AVENUE, UNIT 9A
ORLANDO, FL 32807

7. Name and Address of New Registered Agent

Name **ASIS, EASTER**
Street Address (P.O. Box Number is Not Acceptable)
5950 Yucatan Dr
ORLANDO
City **FL** Zip Code **32807**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Easter Asis** **4/10/06**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$50.00
Due by May 1, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME **MGRM**
STREET ADDRESS **ASIS, EASTER**
CITY-ST-ZIP **5537 LEHIGH AVENUE, UNIT 9A
ORLANDO, FL 32807** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME **MGRM**
STREET ADDRESS **ASIS, EASTER**
CITY-ST-ZIP **5950 Yucatan Dr**
ORLANDO, FL 32807 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: **Easter Asis** **4/10/06**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #